

New Horizon Care Home Ltd

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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

The inspection took place on 30 May 2017 and was announced. We gave the provider notice as the service was small and we wanted to be sure someone would be available to assist with the inspection.

New Horizon Care Home Ltd provides accommodation and support for up to three people who have a range of needs including mental health needs. There were three people living in the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, 20 April 2015, the service was rated Good.

At this inspection, 30 May 2017, we found the service remained Good.

There were audits and checks in place to monitor the quality of the service being provided. The medicine audits needed to ensure they were regular and effective so that any issues were identified quickly and resolved. The registered manager after the inspection made amendments to the medicine audits.

Recruitment checks were carried out to make sure staff were suitable to work with people using the service. However, improvements were needed regarding the information obtained during the recruitment process. The registered manager confirmed they would address this when they next recruit new staff and that all staff files would be reviewed.

There were sufficient numbers of staff working to meet people's needs.

The registered manager was the registered provider and regularly worked alongside staff on shift so that they could see how the staff met people's needs and to work as part of the team.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place. People told us they felt safe living in the service and there had been no safeguarding concerns since the last inspection.

People's care records included people's needs and preferences. We saw information had been reviewed on a regular basis. Staff met with people on a one to one basis throughout the month to ensure they had the support and time to talk about anything they wanted.

There were checks on a range of areas in the service, such as fire safety and health and safety to ensure

people received safe care.

Feedback from people using the service, staff we spoke with and professionals was positive about the service.

Staff continued to receive support through one to one and group meetings. Training on various topics and refresher training had been arranged that were relevant to staff member's roles and responsibilities.

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

People received the medicines they needed and people knew why they were prescribed particular medicines. Staff received training on this subject and were assessed to ensure they were competent to carry out this task.

People had access to the health care services they needed and their nutritional needs were being met.

There was a complaints procedure available and people knew who to talk with if they had a concerns or complaint.

The service met the relevant fundamental standards that we assessed and provided a positive and supportive environment for people to live in.

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 remains Safe.

Risks to people using the service and/or others had been identified.

There were enough staff to meet people's support needs.

The provider carried out pre-employment checks to make sure new staff were suitable to work with people using the service. However, improvements were needed regarding the information obtained during the recruitment process. The registered manager confirmed staff files would be checked to ensure they contained all required information.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service remains Effective.

Staff obtained people's consent before they provided care and support. People had the capacity to make choices about their daily lives.

Staff had access to the training and support they needed.

People were involved in planning and reviewing their care and staff encouraged them to maintain and develop their independence.

Staff supported people to access to the health care services they needed.

People were helped to have nutritious and well balanced meals.

Is the service caring?

Good ●

The service remains Caring.

People told us they were well cared for in the service.

Staff treated people with kindness and patience.

Staff offered people choices about aspects of their daily lives.

Is the service responsive?

Good ●

The service remains Responsive.

People using the service were involved in the development of their care plan and other records, including risk assessments.

Staff understood the care and support needs of people using the service.

The provider had systems in place to gather the views of people using the service and others.

The provider had a policy and procedures for people using the service and others about how to make a complaint.

Is the service well-led?

Good ●

The service remains Well led.

Staff found the provider approachable and supportive.

The registered manager and staff carried out a range of checks and audits to monitor the service. Following on from the inspection the provider reviewed the frequency of the medicine audits to ensure they were regular, effective and identified any issues swiftly.

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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 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 was a comprehensive inspection which took place on 30 May 2017 and was announced. We gave the provider notice as the service was small and we wanted to be sure someone would be available to assist with the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to 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.

During the inspection we spoke with the three people using the service, the registered manager and support worker. We reviewed the care records for one person using the service, including their support plans and risk assessments and one person's medicines. We also reviewed one staff member's recruitment and training file and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Following the inspection we received feedback via email from one social care professional.

Is the service safe?

Our findings

People confirmed they felt safe living in the service and with the support they received. Their comments included, "I definitely feel safe here" and "I feel safe, there are always staff around."

There were safeguarding policies and procedures in place and staff received training on this subject. Staff were aware of reporting concerns to the registered manager or external agencies if necessary. There had been no safeguarding concerns. People were able to verbally communicate if they had any worries and they engaged with staff during the inspection appearing relaxed and comfortable with both staff and the registered manager.

The provider carried out checks to make sure staff were suitable to work with people using the service. A staff member confirmed they had gone through all the recruitment checks and had attended an interview. Staff recruitment checks included references, identity checks and Disclosure and Barring Service (DBS) checks. Staff had completed an application form detailing their employment history. We saw there was some discrepancy with the information recorded on a staff member's curriculum vitae (CV) and it was unclear if one of the people who provided a reference had been their line manager. The registered manager had also not sought a reference from any parents, as the staff member had been working as a child minder at the time of applying to work at the service. The registered manager checked this with the staff member and informed us they would record the reasons for seeking alternative references. The registered manager also confirmed via email that all staff recruitment files would be reviewed to ensure all relevant information was available.

We looked at medicines and the three people using the service confirmed they were happy with staff administering their medicines to them. They were able to give us the reasons why they did not look after their own medicines. People told us, "It is better for staff to take care of them," "Staff know when to give the medicines to me and I know what I take" and "I am on different medicines and they keep me calm, but I do get some side effects such as a dry mouth."

There was information on the medicines people had been prescribed so that staff would know why people took certain medicines and what the possible side effects could be. The majority of medicines were in sealed packs provided via the pharmacist. We checked a person's medicines which were supplied in tablet form in a bottle and found that the amount tallied with the medicine administration record sheet (MARS). The MARS had also been signed for each time medicines had been administered. However, when we counted one medicine that was in a box and taken as and when required and not on a daily basis, the records did not match what was counted. We found one tablet extra and therefore this was unaccounted for. The day after the inspection the registered manager confirmed that there had been an incorrect number recorded on the audit document. They informed us that medicines given as and when required would now be checked and counted every day instead of weekly and the senior staff would carry out a monthly audit rather than every two months to minimise recording errors occurring and enable them to take swift action if any discrepancies were noted. We were satisfied that this was a recording error and that the provider had put systems in place to carry out more audits on medicines and the records.

Staff assessed risks to people using the service and they had access to guidance on managing identified risks. People's care plans included risk assessments and guidance for staff on how to reduce risks to individuals. Risk assessments covered different areas which were relevant to the person. This included risk to themselves and/or others. There was also a risk profile in place so that at a glance staff could see what the potential risks were. These documents were reviewed every month or sooner if people's needs changed.

Incidents and accidents were recorded. The registered manager reviewed these and analysed them to see if there were any patterns or trends so that action could be taken where necessary.

The registered manager, staff and external organisations carried out a number of checks to ensure the service was safe. This included checks on the fire equipment, checks on portable appliances and gas safety checks. Fire drills had taken place, although these had not recorded who had been present at the time. We discussed this with the registered manager who confirmed they would ensure it was made clear in future drills so that they could be confident every person living and working in the service knew how to respond in the event of a fire. People's personal emergency evacuation plans (PEEPS) were in place and reviewed on a regular basis.

As part of the health and safety checks the registered manager told us that window restrictors were checked for the two upstairs bedrooms but this had not been documented. They said this would be done following on from the inspection and we saw evidence following on from the inspection that window restrictors were now checked as part of the weekly review of rooms.

Staff told us there were usually two staff members working in the service during the day and one waking night staff member who worked at night. They said the staffing levels were fine as the three people were able to go out without staff supporting them. The rota showed that sometimes the registered manager, who worked across the different services they owned, was the second staff member and worked alongside members of staff. They confirmed all staff knew how to contact them if they required any advice. Extra staff were also arranged to work if there were appointments to attend with people using the service. Furthermore, the service was very near to another registered service and staff could also call for assistance as and when this was needed. External agency staff were not used and so people were supported by familiar staff who knew their needs.

Is the service effective?

Our findings

Training records showed new staff completed a planned induction to their work in the service, shadowed experienced members of staff and completed a range of training. The registered manager confirmed that staff, new to care work, were supported to complete the Care Certificate standards. These are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support.

Staff confirmed they received ongoing training which was currently mainly online. One staff member told us, "The manager is good at getting us on courses." We saw that some staff did not complete medicines training every year and it was not clear how often they were expected to complete this. We discussed this with the registered manager who confirmed they would ensure staff completed this training every year and in between they would continue to assess each staff member's competence to carry out tasks relating to medicines management. We saw evidence of the medicines competency assessments that the registered manager completed to check staff understood how to safely administer and record medicines.

Training records showed staff completed training on a broad range of subjects, such as, food safety, infection control and understanding the autistic spectrum. The registered manager confirmed they were looking at arranging mental health training for the staff team.

Staff files evidenced that they received monthly one to one supervision. One staff member told us, "I can ventilate any problems." The registered manager explained that the supervision meetings would eventually be held less often but that they wanted to ensure staff were supported and they received feedback on their work. Staff also said they had received an annual appraisal of their work. The registered manager described how they wanted staff to work in a consistent way in order to meet people's needs and this was one of the reasons they ensured staff met with senior staff to share ideas and information.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no-one currently on a DoLS and people had a key to their bedrooms and front door and could freely leave the service. One person told us, "I have a key for my room and I tell staff when I am going out."

Staff received training on MCA 2005 and DoLS. A staff member described how, "People can give their consent to anything they want to do." They also confirmed that people had choices in their everyday lives and that staff gave people information and supported and encouraged them but did not force them to do anything they did not want to do.

All the people we spoke with confirmed they had been a part of the development of their care plan and risk assessments. They had signed to confirm they had agreed to the contents and there was space on the documents for them to add their own comments about the support and care they wanted.

People told us that they saw various health and social care professionals. They explained some appointments they went alone and other times staff supported them, in particular if it was an important appointment. These were recorded so that staff could monitor people's health needs.

Staff checked people's weight and blood pressure so that they could respond to any significant changes and encouraged people to eat healthily. One person told us they had lost lots of weight and felt better, whilst another person said they knew they had put on weight and were trying to walk more.

People told us they made snacks but staff made the main meal each day. One person said they helped the staff prepare the meals. A second person told us, "One of the good things about living here is the food. We are given a good choice of meals." We saw from the records people ate a range of meals and were encouraged to eat fresh produce. The registered manager confirmed staff had previously recorded what people had eaten, if they had concerns about people's weight. They said this would be re-introduced so that the team could consider and review what some people were eating. These records would be important if a person needed a referral to a dietician.

Is the service caring?

Our findings

People gave us positive feedback about the staff and the care and support they received. Comments included, "I can talk with staff and they listen to me," "I do not know what I would have done without staff helping me through the difficult times," Staff check out with me how I am feeling, which helps me a lot" and "I am very happy here and would like to spend the rest of my life living here."

We observed during the inspection that staff treated people with care and respect. The atmosphere was calm and relaxed and people spent time talking with each other in the living room and with staff. Staff listened to people and had lunch with them chatting in the garden.

People's care records included a short summary about them, known as 'All about me'. This gave staff, in particular new staff, an overview about the person and included how they spent their day and who were important people in their lives.

We asked people if staff supported them to be as independent as possible. People told us, "Staff have shown me how to carry out some tasks in the home such as washing my clothes." All the people we spoke with confirmed staff helped them and encouraged them to do things but also if they couldn't do a task then they were happy for staff to assist them.

People described how they were fully involved in their care and were asked to contribute to reviews that were held. This ensured people had the opportunity to express themselves and to voice any concerns.

People's cultural and religious needs were respected and met. Staff had taken one person to place in Somerset where they believed their spiritual needs would be met and the person told us staff respected their beliefs. They described attending a local place of worship on a regular basis which they found comfort in visiting.

Is the service responsive?

Our findings

We asked people about the activities they took part in and how they spent their time. People explained they saw family and friends. One person told us, "I walk a lot." Whilst another person said, "I like to go the local town to look around the shops." One person had a voluntary job which they went to once a week and they were also looking to becoming a befriender. People were encouraged to go out and access different community places, such as the local mental health centre. One person told us they enjoyed going there and socialising with other people.

We received positive feedback from a social care professional. They told us, "I have seen positive progress in my client and the support he receives is a direct reflection of this." They also said, "The manager and staff are good at keeping social services up to date and are professional in their overall presentation. I have no concerns with this service."

People's needs were assessed prior to admission into the service. People confirmed they had visited the service before moving in.

People had a care plan that guided staff on how they needed to support people to be in control of their daily lives. We saw details for people to be encouraged to express how they are feeling and to inform staff if they are feeling unhappy and negative. The plans detailed people's individual needs and where they needed assistance from staff. However, we noted there was no information on the file we viewed regarding how much support a person needed with their personal care. Although people were independent in many areas of their lives there was no reference to this area. The registered manager confirmed the files were updated following from the inspection to include information about personal care.

The registered manager and staff team worked closely with community professionals to ensure people were stable. Where staff had any concerns about people's welfare, professionals became involved to support both the person and the staff team.

The service had a range of methods to gather the views from people using the service. Satisfaction surveys were given to people, their relatives and professionals. We saw the results of the most recent surveys and one relative had commented, "The help and care they have given my relative (person using the service) has been excellent." One professional stated that the service was "Very responsive to meeting needs."

Meetings were also held for people as a group to meet with staff. One person told us, "Staff ask us for our views." One to one meetings also took place and people confirmed these were held regularly and that they could ask to meet with staff at any time. One person said, "Nothing is too much trouble, staff will always listen and help us." The regular contact staff had with people both formally and informally enabled people to feel supported and encouraged to make decisions about their lives.

We asked people what they would do if they had a complaint. Everyone said they had not needed to raise a complaint but if they did their comments included, "I would talk with the manager if I had a concern" and "I

could talk with staff if I was worried about anything." There was a complaints policy and procedure in place and the registered manager confirmed there had been no formal complaints. They told us informal complaints, usually about maintenance issues, were recorded, which we saw and resolved as soon as possible.

Is the service well-led?

Our findings

The registered manager and staff team completed audits to identify areas of improvement. For example, we saw there had been a maintenance audit with an action plan completed to ensure the building was suitable for people using the service. There had been an infection control audit carried out in April 2017. There had also been audits completed on people's care records, including checking that staff were providing regular one to one meetings with people. Although there were medicines audits in place these had not picked up on the recording error relating to one person's medicine. Following on from the inspection the registered manager confirmed via email that they had amended the frequency of the medicines audits so that any mistakes were quickly identified and resolved. This indicated the registered manager monitored standards in the service and were quick to alter how they audited a particular area of the service if there were issues.

People using the service spoke highly about the registered manager. They told us, "The manager has helped me a lot," "Best manager I have ever met and I have lived in a few services" and "I find it easy to talk with the manager, they are approachable."

Staff were complimentary about the registered manager and the support they received. Comments included, "They are a good manager," "I don't feel afraid to pick up the phone if I have a query" and "The manager is willing to try new things."

The registered manager was a registered general and mental health nurse. The staff team had a range of experience, including nursing and healthcare backgrounds in some cases so that the service provided professional support to people using the service. The registered manager explained that they were keen to engage with other local care providers to ensure they could share experiences and look at holding joint training events for the staff team.

The registered manager notified us of incidents and important events, in accordance with their statutory obligations. They demonstrated the skills of good leadership, as they worked alongside staff and understood people's needs well. Furthermore they were keen for the staff team to work in a consistent way to meet people's needs and met with them regularly.

Staff were aware of the values and aims of the service and demonstrated this by promoting people's independence and quality of life. There were clear lines of accountability within the service with staff having areas they were in charge of overseeing.

The registered manager and staff team in the service engaged positively with the inspection visit. They provided the information we needed and made sure we had access to records.