Livability

Horizons

Inspection report

12 Lindsay Road
Poole
Dorset
BH13 6AS

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04 February 2016

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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

This inspection took place on 1 and 4 February 2016 and was unannounced. One inspector visited the service on both days and was supported by a specialist occupational therapy advisor on one of the days. Horizons are registered to provide accommodation and personal care for nine people. At the time of the inspection there were six people living permanently at the home. Horizons also provided a respite service. There was a registered manager at the home at the time of the inspection. 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 told us they felt safe living at the home. Staff spoke knowledgably on how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm. There was one occasion where the manager had not notified the commission of a safeguarding alert they had made to the local authority. This was an area of improvement for the home.

People's needs were assessed and they were involved in planning and reviewing their care needs. Staff supported people in accordance with their wishes, protecting people's privacy and maintaining their dignity.

People said they had enough to do and didn't get bored. Staff ensured the environment was suitable and promoted people's independence by supporting them to decide what they wanted or needed to do, and asking them what they needed help with.

There were robust recruitment systems in place and staff were trained to make sure they understood how best to support or help people. Staff told us they were well supported and found supervision and appraisals helped them to understand their role.

People told us they felt the service was well led and that they were listened to. There were systems in place to monitor and improve the quality of the service provided and staff said they felt people received a high quality of service.

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 supported by staff who understood how to protect vulnerable adults and knew what action to take in the event of a concern.

Robust recruitment procedures made sure that staff employed by the service were suitable.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff promoted choice and acted on the decisions people made. Where people lacked mental capacity to make a specific decision staff acted in their best interests in accordance with the Mental Capacity Act 2005.

People told us that staff were skilled. Records confirmed staff received effective training and support to ensure people were supported appropriately.

Is the service caring?

Good

The service was caring.

People told us staff were caring and treated them respectfully. Our observations showed that staff worked in partnership with people to make sure their needs were met in the way they wanted them to be.

People were involved in planning and reviewing their care needs, relatives were also consulted and told us that staff were thoughtful and caring.

The home was relaxed and friendly with a homely feel to the environment.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans supported staff to understand how best to support or help them.

The staff team was a combination of health and social care staff and people's healthcare needs were responded to promptly to maintain their health and wellbeing.

There was an effective complaints system in place.

Is the service well-led?

Good

The service was well led.

People felt listened to and involved in the development of the service. The provider sought feedback from people in a variety of ways to ensure they provided a high quality of service.

There were quality assurance systems in place to make sure people received a safe, effective, caring and responsive service.

Horizons

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 1 and 4 February 2016 and was unannounced. One inspector visited the service on both days and was supported by a specialist occupational therapy advisor on one of the days.

As part of the inspection we met most of the people who lived at the home, and one person who was staying there for respite care. We chatted with four people who used the service and spent time observing how people were supported in the communal areas of the home to see how staff interacted with people.

We looked in depth at two people's care, treatment and support records and sampled specific care records for a further person. We also looked at records relating to the management of the service including staffing rota's, staff recruitment, appraisal and training records, accident and incident records, a selection of the providers policies and procedures, premises maintenance records, staff meeting minutes and medicine administration records.

We spoke with the manager, the deputy manager and the hub manager. We also spoke with five other members of the team including therapy staff, senior care workers and support workers. As part of the inspection we also talked with one healthcare professional and three family members.

Before our inspection, we reviewed the information we held about the service. We also looked at information about incidents the provider had notified us of, and requested information from the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home.

Around the home there were posters in both written and pictorial formats to help people understand how to keep safe. Staff had a good understanding of safeguarding adults and knew what action to take if they were concerned or worried about someone. Safeguarding and whistle blowing was discussed at team meetings and in individual supervisions to make sure staff understood their responsibility and had an opportunity to raise any concerns. Staff recorded safeguarding alerts on an electronic system and the provider had a safeguarding board that met regularly to check concerns about people were acted on to ensure their safety. However, the home had not notified the commission about one safeguarding alert they had made. This was an area of improvement for the provider.

Risks to people were assessed to make sure they were protected. For example, people had risk assessments in place for situations such as eating and drinking, health, pressure care and mobility. These supported staff to understand risks to the individual and how they needed to support them to ensure their safety. Staff recorded accidents and incidents on an electronic system. This was linked to the providers system to ensure senior staff had oversight of accidents and incidents. Records showed a clear analysis of the incident with actions taken to minimise the risk of reoccurrence and any lessons learned by the staff team.

Medicines were managed so that people received them safely. The homes medicines system for obtaining, storing, administering and disposing of medicines was managed by the nursing team. The medication administration records (MAR) were well maintained and checked by two nurses for errors or gaps. Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with detailed guidance on what they should do. Some unqualified staff had received comprehensive medicines training, but most medicines were administered by qualified nurses. There was a system in place to check that unqualified staff were competent to administer medicines safely.

People told us there were enough staff on duty to help them when they wanted or needed support. There was also a nurse on site at night-time to make sure staff could obtain help or guidance. There was management cover including out of hours support to make sure staff could get advice whenever they needed to.

Recruitment was robust and where the home needed to rely on agency staff there was a system in place to make sure they had the right skills and were suitable to work with vulnerable adults. People who lived at the home were involved in recruitment. One person had an electronic communication device and they showed us the questions that they asked as part of prospective staff interviews. Staff and people had also attended recruitment fairs jointly to publicise the home and tell people about vacancies.

The home required complex equipment to support the people who lived there. Staff reported that they had the right equipment and could source bespoke equipment whenever they needed to. Electrical equipment

was tested for safety every year and all other equipment was serviced and checked twice a year. Other equipment such as people's wheelchairs were kept in good working order and cleaned each week by staff. The home managed equipment incidents safely. For example, during the inspection one person's electronic hoist broke down. Staff reassured the individual and took immediate action to organise the repairs. The home had a mobile hoist that was used in the interim.

There was a health and safety advisor on site for 2 days per week. They were available for advice and assistance with any health and safety concerns. There was also a separate maintenance team on site to repair/maintain the up keep of the environment and equipment. There was a member of staff who was the designated health and safety rep. There was a system in place to make sure water temperatures were safe for people, first aid boxes were checked and there was a regular infection control audit. Windows that required restricting were restricted in accordance with safe guidelines. Corridors and communal areas were clean, well decorated and free from hazards to ensure people could freely and safely navigate throughout the home.

In an emergency there were systems in place to make sure people could be evacuated. Staff held regular fire drills and had established plans in place to evacuate people in the event of an emergency. During the inspection an emergency alarm sounded and staff responded immediately to make sure the individual was safe.

Good

Is the service effective?

Our findings

People told us that staff knew what they were doing and that they had confidence in their skills. A therapist told us about a specific oral hygiene technique one person needed and confirmed that staff followed their guidance. They said there was, "Excellent communication between staff" to make sure people's needs were fully met. A member of staff also commented, "The staff work really well together as a team".

Staff told us they were supported by an effective induction when they came to work at the home. A new member of staff said they had been supported to undertake the care certificate as part of their induction. Following induction staff received a variety of mandatory and specialist training to make sure they understood how best to support people.

There was an effective system in place to make sure staff felt supported and were competent to carry out their role. Staff had regular supervision and appraisal meetings with their line manager. Staff told us these meetings were helpful and supportive. One member of staff told us their supervision was the, "Best supervision I have ever had with clear actions and outcomes" and another said the, "Support I have had from management has been overwhelming".

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. Some people who lived at the home had mental capacity to make most of their own decisions. We talked with them and they told us staff listened to the choices they made and acted upon them. A member of staff told us, "The residents get so much choice; they get to choose everything they do". People told us staff sought their permission before helping them. People had been involved in formulating, and had signed their care plan to consent to their care or treatment. Where staff were concerned that someone might lack mental capacity to make a specific decision assessments of their capacity had been undertaken. These were robust and led to best interests decisions taken in accordance with the legislation.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager had made the appropriate applications and had a system in place to alert them when they needed to review whether a further application was required. People who were not subject to a DoLS authorisation had electronic swipe cards to access or leave the building. This showed that people's rights were protected.

Communal areas housed some of the activity equipment people wanted, for example game stations and extensive arts and crafts materials. When people asked for something such as a new bookshelf for electronic games and DVDs this happened. People led busy active lives attending college and other educational courses and accessing the community for shopping or activities such as going to the gym, swimming or

going for coffee or a meal. People were involved in choosing, shopping for, and preparing their meals. A monthly residents meeting was held and the menu choices were on the agenda to ensure each person was happy with the menu. On a daily basis people were reminded about the menu choices and alternatives were offered if required. Drinks were freely available for people to access. During the inspection one person had cooked the evening meal. A support worker chatted with another person who decided they didn't want this meal and so chose something else that they wanted to eat. Following a risk assessment for one person, three of the kitchen cupboards were kept locked to maintain their safety. The manager explained the actions they had taken to ensure other people living at the home were not restricted by this.

People had swift access to the healthcare services they required. For example, staff had raised concerns about one person's weight gain. Records showed that the wider multidisciplinary team had been involved and that action had been taken, including obtaining support from the person's community nurse, dietician and hospital consultant. We spoke with one healthcare professional who confirmed that staff listened to their guidance and followed instructions.

Good

Is the service caring?

Our findings

People and family members described staff as caring. All the people and family members described the attention given to people's dignity and privacy as a strength of the service.

Our observations of staff showed they had a thoughtful approach to making sure people were supported in a dignified way that protected their rights. Staff knocked at people's bedroom doors and waited for a response before they entered the room. Bathroom doors had 'do not disturb' signs. Staff asked people what help or support they wanted and provided people with meaningful choices about their options. Staff communication was extremely respectful to people. Staff had dignity champions who explained their role was to consider different ways of working to promote people's dignity and inspire and educate other members of the team. One example of this was the use of dignity cards which had been jointly developed by staff and people. These were placed on people's bedroom door when they were being supported with personal care to ensure they were not disturbed.

Staff understood people's needs because they got to know the person. All the staff we spoke with were able to tell us about the individual we were asking about including their personal history and their likes and dislikes. People could summon assistance because they had call bells placed within their reach when they were in their bedroom. There were monitors in place to make sure staff were aware of people when they couldn't independently summon assistance.

People said they were in charge of their lives. People had worked with staff to develop their care plans and felt involved in, and consulted about their care or support needs. People had chosen the décor in their bedrooms and their bedrooms were highly personalised reflecting their tastes, hobbies and interests. Communal areas had photographs and pictures chosen by people, for example in the living room there were paintings that some of the people had asked for at a residents meeting.

Good

Is the service responsive?

Our findings

People's needs were assessed and staff were confident they were able to meet their needs. From these assessments care plans were developed. These provided detailed guidance for staff on how the individual wanted or needed to be supported in areas such as their morning and evening routines, mobility needs, communication, staying safe and healthcare needs. Care plans clearly identified people's abilities to promote their independence. For example, one person's plan said they could 'brush their own teeth with hand support and guidance', and that staff needed to, 'monitor me to ensure I clean my teeth'. Where people needed additional monitoring to ensure they stayed well this was in place, for example, night observations for people with epilepsy, food charts to monitor what one person was eating, and weight monitoring records.

People had regular reviews to make sure staff had updated guidance when someone's needs changed or when they had identified new goals they wanted to achieve. For example, one person had become proficient in using their wheelchair independently and their care plan was reviewed to provide staff with instructions on how the person was able to drive their powered wheelchair independently outdoors.

Staff communicated effectively to make sure people's needs were responded to promptly. For example, daily handovers between the staff team ensured staff coming on duty knew how people were and what support they required.

The home had a complaints policy and this was publicised in communal areas of the home. There was information on what to do if someone was unhappy or worried about something in both written and pictorial formats. This included contact details for external organisations people or staff could contact if they wanted to raise a concern about the service. The home had not received any complaints since May 2015 when they changed their registration. However, they documented informal concerns and we saw these were investigated and resolved.

Good

Is the service well-led?

Our findings

All the people we spoke with said they were listened to and involved in how their service was run. There were monthly meetings to support this that helped people discuss aspects of the home such as night time support, meals, activities, improvements and concerns. People and their relatives told us that the manager listened to any concerns they had and acted upon them. One relative told us, "The manager gets back to you right away".

The provider also had more formal methods of seeking feedback from people. They employed a quality assessor who visited the home and spoke with people and staff twice a year, and also received feedback from people through quality assurance questionnaires. Records of both showed people were happy with the service they received.

Staff told us they liked the manager, felt the home was well run and that they were listened to and their ideas acted upon. One support worker said, "Staff are most definitely listened to and new ideas reacted upon" and another told us the service was, "Managed well". Staff gave us examples of changes the manager had made including the development of an infection control audit, key worker end of month checklists and revisions of care plans, in response to ideas or concerns they had raised. The manager told us the most important thing was that, "The residents are happy, you can see that every day" and, "We are always striving to improve".

The home had a very open and transparent culture that we were told about by people, their relatives and staff. There was open communication between the staff team and staff told us it was effective in ensuring everybody understood how someone needed or wanted to be supported. The home had been through a period of change as it had developed during the past two years. It was evident through our discussion with staff and people that the manager had well thought out plans in place and involved people and staff to ensure the changes had positive outcomes for people.

Staff had innovative ideas to make sure the service was responsive to people's needs. For example, the manager had hired an external hall for two days a week. This was because they recognised that the home environment was sometimes quite busy and people benefited from a different place to carry out their activities.
The manager made sure they were kept up to date about good practice and new ideas. They attended provider forums and external workshops to share ideas and learn about different ways of working.

Staff checked the service for safety and quality through a range of audits. These included out of hours visits by the manager to monitor the service people received, monthly care plan audits, medicines audits and health and safety checks.

The home had a mixture of paper and electronic records that ensured an accurate and contemporaneous record of people's care and support needs was kept. Staff told us they had time to complete people's records. However, therapy staff were not able to access the electronic system to record their work with

people. This meant there were different systems of recording in place for different staff and this posed a risk that all staff could not easily see what support or treatment somebody had received. There were body maps in place to record and follow up on any injuries to people. However, we saw the records were confusing and staff told us they had difficulties completing them. This posed a risk that people might have an injury that was not monitored or followed up on. This was an area of improvement for the provider.