

## Horizon Care Agency Limited

# Horizon Care Agency

### 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?

Requires Improvement



### Overall summary

We undertook an announced inspection of Horizon Care Agency on 5 and 7 January 2014. We told the provider two days before our visit that we would be coming. Horizon Care Agency provides personal care services to people in their own homes and occasionally provides care workers to other services registered with CQC. Horizon Care Agency is a large domiciliary care agency and at the time of our inspection over 220 people were receiving a personal care service. The agency employed approximately 86 care workers as well as care managers and administration staff.

At our last inspection in June 2014 the service was not meeting all the regulations inspected. The service was non compliant with outcomes 9 Medication and 21 Records. We received an action plan detailing how the agency were addressing the issues and during this inspection we found the issues had been addressed as described. Medication information was clear in care plans and medication records completed correctly.

The service has a registered manager. A registered manager is a person who has registered with the Care

# Summary of findings

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 and associated Regulations about how the service is run. The registered manager and office staff were accessible and overall people were happy with the service provided. The agency were responsive to people's changing needs, for example, sending managers to visit people to review care plans, check they were happy with the service and covering staff if there was a delay due to an incident.

Most people praised the service and had no concerns about the standard of care provided by the agency. However, we received a mixed response from people using the service, relatives, social care professionals and staff about the quality of communication and "unprofessional" or "rude" attitude at times when contacting the management/office team. Although most people who used the service, staff and relatives, felt able to speak with the registered manager and office staff and provided feedback on the service, around 11 people and a group of staff as well as four social care professionals commented on attitude. There was also a comment relating to an occasional "blunt and rude" attitude of office staff in the last inspection report.

The service undertook regular spot checks and care reviews to review the quality of the service provided and had good systems to manage recruitment, staff competency and training, sickness levels and staff issues. People were kept safe and free from harm. There were

appropriate numbers of staff employed to meet people's needs and provide a reasonably flexible service. When people's care initially began it could take a few weeks for care workers to become more regular as space was found within care workers rotas. People were given weekly rotas so they knew which care worker would be visiting.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and felt cared for and treated with dignity and respect. For example, "The girls are lovely just perfect, I'm happy with the care" and "I have no complaints, they are all extremely nice and very caring". Concerns and complaints were recorded including telephone concerns and these were dealt with well.

People were supported to eat and drink as required by the information in their care plans. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Staff had a good understanding of the Mental Capacity Act (2005) and how to manage decision making where people using the service were living with diminished mental capacity.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing arrangements to meet the needs of people who used the service. There were robust recruitment and appropriate disciplinary procedures to ensure staff were safe to work with vulnerable people in their homes.

Good



### Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to the information in their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



### Is the service caring?

The service was caring. People told us they liked the staff and felt cared for and treated with dignity and respect.

People were involved in making decisions about their care and the support they received and were involved in reviews of their care needs.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs which were updated regularly. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

Good



# Summary of findings

People who used the service and their relatives knew how to make a complaint and there were regular opportunities to feedback about the service. Where people had made a formal complaint these had been well managed and recorded. Telephone concerns had also been recorded and actions taken.

## Is the service well-led?

The service was generally well-led with robust quality assurance systems in place. The service undertook regular spot checks and care reviews and surveys to review the quality of the service provided and had good systems to manage recruitment, staff competency and training, sickness levels and staff issues.

However, there was a mixed response about the attitude of the management team at times. A small proportion of people, including health professionals described “unprofessional” and “rude” responses at times. Some staff felt well supported whilst others did not.

**Requires Improvement**



# Horizon Care Agency

## 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.

The inspection of Horizon Care Agency took place on 5 and 7 January 2015 and was announced to the provider two days before our visit. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the

inspection with an expert by experience making telephone calls to people using the service and staff. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service. During our inspection we went to the provider's head office and spoke to the registered manager, the care plan manager, a care manager and the trainer/human resources manager, reviewed the care records of ten people that used the service, reviewed the records for four staff and records relating to the management of the service. After the inspection visit we undertook phone calls to nine care workers and 16 people that used the service. We also visited four people in their own homes with their permission and relatives of two people that used the service. We also spoke with four health professionals.

# Is the service safe?

## Our findings

People told us they felt safe using the service. They said they were treated with respect and dignity and felt safe from abuse or harm. One person said, “Yes definitely” when asked whether they were treated with respect and dignity and if they felt safe with the care workers. Another person said, “They are all extremely nice” and another person said “They are very caring and I definitely feel safe. I’m happy with the service.”

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The agency used a safeguarding training DVD and staff watched five cases with the trainer, then picked out areas of concern before watching the second half as part of their training. The registered manager informed us that any concerns regarding the safety of a person were discussed with their social worker and additional support from the emergency services as required. For example, two people, one a relative living with someone who received a service, had been identified as being at risk of neglect. This had been appropriately reported to social services so their circumstances and needs could be reviewed.

Assessments were undertaken to identify and manage any risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of each person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Appropriate aids were listed on care plans and detailed instructions for staff about how people liked to be moved. For example, “Use the smaller walking frame upstairs” and “Can make their own tea but can’t carry it.”

Each care plan had details about how to safely enter people’s homes. For example, key box codes were given only to staff who needed to know with details kept in the office. There were details for staff about how to get into a block of flats, this included how to enter the home of someone who was deaf by ringing a bell which turned a

flashing light on for the person to see before staff entered. Other information included safe medication administration such as a body map showing where each medication patch should be applied and when. This was an improvement from the previous inspection. There were completed records showing when care workers had prompted people to take their medication as stated on the care plan. Other risks identified included, where to leave mobility aids in people’s reach, risk assessments about security, lighting, premises and food hygiene. There was also a policy on lone working for staff. All staff had mobile phones and lone working issues were included in induction training.

Staff were aware of the reporting process for any accidents or incidents that occurred and this was well managed. For example, if a care worker could not gain access to a person’s home or if someone was ill requiring a GP or ambulance. Staff took appropriate action.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and the number of staff supporting a person could be increased if required. The service contacted social services if they felt someone’s care needs were increasing or not being met within the contracted time. There was on-going recruitment as it was a large agency with a core of stable staff.

The majority of people supported by Horizon Care Agency and the staff it employed lived locally. People using the service were given a weekly rota showing which care workers would be visiting and when. People generally had rotas showing regular care workers and staff told us they had regular “runs” which could change depending on sickness, holiday cover or incidents but generally they were regular. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. When we looked at people’s records staff were visiting between the agreed times.

There was a robust disciplinary system to ensure that staff competence was monitored. An “Additional training” book was kept which highlighted any areas which individual staff needed to refresh or discuss. For example, lateness, regular sickness, poor use of personal protection equipment (PPE) or not wearing uniform correctly. Any missed calls were recorded in the “missed calls” book. These had been

## Is the service safe?

managed well, followed up and explanations given. For example, one lunch call had been missed as the person had just returned home from hospital. Other missed calls had been due to individual care workers not adding extra visits to their list. These had been rectified and each care worker brought to the office to discuss. If staff were unable to attend an appointment they informed the registered manager in advance and cover was arranged so that people received the support they required. People told us that the office rang to let them know if a care worker was

going to be late, due to traffic or an incident. One care worker and one person using the service said the office did not always ring them if staff were late but overall we found this was happening correctly.

There were suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. This included Disclosure and Barring Service checks which check potential employees criminal history.

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Training was provided by an in-house trainer, who had undertaken training in all topics considered mandatory by Horizon Care Agency. This enabled them to provide small group training and staff had personal training development plans. Nationally recognised qualifications were offered after 12 months.

A training matrix showed staff were up to date with all mandatory training. The in-house trainer had also sourced additional training in dementia care to enable the agency to train staff in this topic on site. This learning had been applied to agency staff working in a local dementia care nursing home. For example, staff had identified how challenging behaviour could be minimised using knowledge of the person's past by using relevant activities. One care worker said they had not felt confident to work in this area. To support them the agency had had a meeting to discuss their concerns and this was managed appropriately. Training also included the Mental Capacity Act (2005) and staff were aware of how this applied to care in practice. We saw minutes of a multidisciplinary meeting where a person's best interests had been discussed and appropriate action taken. Staff understood the Mental Capacity Act (2005) and how this related to decision making for people living with diminished mental capacity.

The agency had a dedicated training room where a wide range of training was given. For example, all staff completed manual handling practical training before working with people. There was practical in-house medication training, catheter/continence care including practical training, infection control, food hygiene, first aid practical training and dementia care. The agency also used external training company materials and each topic was backed up with a knowledge competency work book. These were completed by staff and sent to the company for marking. Refreshers training was given annually and the training matrix showed exactly at what stage staff were with training, for example, waiting for workbook results. Additional training in specialist subjects was available such as end of life care. The agency were starting to use recently purchased training packs on Pressure Sores and Prevention and Awareness and Death, Dying and Bereavement.

There were systems in place to support staff. The in-house trainer carried out annual appraisals and regular one to one supervision sessions. These used a set format which gave staff an opportunity to discuss their performance and identify any further training they required. For example, one care worker received one to one training which included training questions tailored to suit their learning needs. Care workers whose first language was not English also received tailored training to ensure they understood.

Staff underwent a thorough induction period including three full shadowing shifts with a more experienced worker or longer if needed. These dates were seen on staff rotas. One new care worker said "It's fantastic, brilliant so far. I've had two full days of training and I feel I am getting to know my job and I will be working through my training packs. The office are very good, if I have any worries with paperwork or I don't understand anything they help me". Staff records showed various ways in which staff were supported. Staff "Wellbeing" meetings were in place. For example, one care worker had health issues and was being supported with less hours increasing as they felt better. Maternity risk assessments were completed and discussed with staff to ensure their wellbeing. Another care worker said she was enjoying it at Horizon, she felt well supported and went into the agency on a regular basis. "They always discuss things, like when I have any issues with my rota, they sort it out".

There were various staff incentives to pass their training and provide quality care. For example, those staff who gained 100% in training packs received a monetary bonus. There was a Carer of the Month award, various bonus opportunities, a monthly newsletter and an agency social media page where staff could communicate and receive updates. There had been a Christmas Jumper competition for charity and information about benefit assistance. One care worker said "I have my core run of clients. I find the agency very accommodating. The agency have a voucher scheme for when you complete your five training modules." Another care worker said "The company are brilliant, I love it. The pay is good and they take you out for a meal at Xmas". The care worker said they had reported a problem with a fellow worker and this had been dealt with promptly with no issues.

Some people were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members in the



## Is the service effective?

persons' home and staff were required to reheat and ensure meals were accessible to people who used the service. Staff had received training in food safety and were aware of safe food handling practices.

Staff confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. Care plans included details about what food people might like and how they took their drinks such as "May like cereal or toast with marmalade".

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their

healthcare needs. Staff also were aware when there were health or social care issues with spouses who lived with their client and alerted health professionals about any issues relating to them.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. We saw how the agency had facilitated a multidisciplinary meeting with one person to discuss increased risks.

# Is the service caring?

## Our findings

People who used the service were happy with the care workers and they got on well with them. 15 people said they were happy with the care and support they received from the agency and would recommend Horizon. Two people said “No” but gave no reason and another person was unsure due to not being able to have the same care workers. One person told us, “They are all extremely nice”. Another person said “ They are very caring”.

People said they felt involved with their care and decision making and were encouraged to be independent. One person said “They know what I can and can’t do. I do what I can”. Another person commented “They assist me with showering. I do some myself but I can’t put the cream on my feet so they do that for me”. A further person said “If I’m feeling a bit poorly they do more for me.”

People received care, as much as possible, from regular care workers. We were told of examples where the agency had done their best to accommodate people’s preferred care workers. During our visit, staff were trying to change the care worker for one person who had rung in. One person we visited said “I’m very happy with the care. All

things are done. They are lovely girls, no problems. I have four visits a day so I see a lot of carers but generally the same bunch”. Their relative said “I have good words for everyone”.

There was evidence of care workers going above and beyond. For example, one care worker had taken kitchen equipment to one person’s house as theirs had broken. Another care worker had visited someone in their own time to do their hair the way they liked it. Staff had recognised that one person’s spouse required assistance with personal care and informed social services of their needs. After one night shift, one person had rung the agency to request the same care worker as they were so “compassionate and smiling”. One recent thank you letter stated “Thank you for all the help and care you have given us over the years to make us comfortable and well looked after at all times”.

Staff were respectful of people’s privacy and maintained their dignity. People receiving the service and staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. People were involved in making decisions about their care and the support they received and were involved in reviews of their care needs.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were told to read care plans during their training and to inform the office of any changes. A care plan manager was responsible for updating care plans regularly and the spreadsheet showed which plans needed reviewing and when. They said “The registered manager is ‘red hot’ on making sure care plans are right”. Care plans included, background medical conditions and situation, mobility aids used and what needed going at each visit. For one person living with dementia staff were instructed to orientate, promote interaction and do safety checks such as checking their pendant alarm was on and frame and drink nearby. When we visited this person care plan tasks had all been done correctly and the person was happy.

Care plans also included care plans for short term health needs such as a pressure area sore. Daily records directly related to the care planned such as “Gave time to finish tea, chatted and made comfy on leaving” and noted how the person was feeling. Instructions for tasks to leave for family were recorded such as where to leave washing and family were informed if someone didn’t feel very well during a visit. Staff were ringing one relative during our visit.

Staff supported people to access the community and minimise the risk of them becoming socially isolated.

People looked forward to their visits. Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met.

The agency tried to accommodate any changes in times if they could. The agency provided over 300 hours per day and sometimes could not fit differing times in if requested at late notice. For example, one person often rang for assistance between their visits and staff tried to accommodate this if they could even when this involved two care workers. Sometimes a care manager made a visit if required. Staff and people using the service said they had been able to call and change timings for hospital appointments, if they were going out or family were visiting.

When CQC received information about any concerns the agency had responded immediately and informed us of the outcome. For example, one care worker had concerns about one person’s care. The agency immediately went to check and found care to be satisfactory. There was a log of formal complaints and these had been well managed and action taken. Telephone concerns were also recorded and actioned appropriately.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them and this was recorded in the care plan. For example, “Encourage client to wash themselves rather than ask female staff” and “Encourage client to have a little walk to maintain mobility”.

# Is the service well-led?

## Our findings

The agency has a large office in Exeter with a large open plan office area and two private rooms as well as a dedicated training room. During the inspection there was the registered manager, deputy manager, care plan manager, finances and administration manager, the human resources and training manager and another care manager who were all office based. When people rang with queries they were dealt with appropriately. Generally people felt there was good communication with the staff at Horizon Care Agency and there were opportunities for them to feedback about the service they received. People using the service or their relatives were given information packs when a service began detailing how to make a complaint, the statement of purpose and contact details including out of hours stating "Please contact us if there is anything to add to the care plan".

Satisfaction questionnaires were available to obtain feedback from people who used the service. We saw the most recent survey and the results showed there had been 98 responses with only 2% describing the care as poor. Comments had been noted and included in future staff meetings and training.

There was a registered manager at the agency and various managers were always available in the agency office and on-call 24 hours. The office was very busy and the registered provider manager was very involved in ensuring that missed visits/late visits were well managed. There were good systems to record telephone calls and concerns and these were dealt with promptly. The registered manager/provider was clearly passionate about putting the people who used the service first. The service office staff had good knowledge of people's needs and their circumstances. There was a clear emphasis and investment on ensuring that staff were well trained and supported before working alone and that vulnerable people were protected through robust recruitment and disciplinary processes, spot checks, audits, reviews and refresher training.

Although we received mainly positive responses about the quality of care and care workers there was a mixed response about the attitude and professionalism of the management team. This was a small proportion of people, (11 people and a group of staff), but included people who used the service, relatives, staff and health professionals.

We spoke to four social care professionals who told us they sometimes found management to be defensive when discussing areas of concern and thought this could be handled in a more constructive way. One social care professional described the response as initially defensive although the registered manager was ready to share explanations but not always easy to work with. Another social care professional described the response from the registered manager as "unprofessional". It is noted that the registered manager explained this situation to us and had felt there were also some issues with how the health professional had handled communication. Another relative had told the social care professional that a member of the management team had not been very professional in the way they had been spoken to. One person who used to receive the service told us they had changed agencies because office staff had been rude over the phone when they had called to ask where their care worker was, they had no issues with the care provided. One relative told us they felt apprehensive about raising a concerns in the future as a previous response had been "disgraceful". Two other people using the service said some office staff could be "A bit stroppy and rude". The registered provider said their passion for their work could come across as defensive at times. They said the agency often accepted people with complex needs who had previously had difficulty working with other agencies and could have an unrealistic expectation of what could be provided. However, they did agree there could be some improvements in customer service.

A group of staff sent us an anonymous letter saying they were scared to raise issues with management and were stressed. Some issues were related to employment contracts. The agency had also received this letter and addressed the issues within a staff meeting. As a result the agency were considering ways of changing employment contract hours. This showed there was opportunity and systems in place to address concerns but that at times there was a problem with a negative attitude when communicating with some staff. A staff survey had also been sent out to staff following the meeting but few staff had responded despite being given the opportunity.

However, most staff received regular support and advice from their manager via phone calls, texts and face to face meetings. Most staff felt the manager was available if they had any concerns. One care worker told us, "I have never had a problem, they are very understanding with my

## Is the service well-led?

children. I have only been off sick once and was given a back to work interview. I know if I have any problems I have that support, that back up.” Another care worker said “The office are very good, if I have any worries with paperwork or I don’t understand anything they help me”. There were regular staff meetings and records showed these were well attended. Minutes were sent to any staff who could not attend. Meetings covered telephone communication and responses, staff administration such as holiday cover, training, sickness management, medication management and relevant topics. Praise was regularly given to staff which was also reflected in the reward schemes.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The care managers undertook a combination of announced and unannounced spot checks to review the quality of the

service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. If any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings with a manager. Staff told us their manager advised them of any changes they needed to make. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. These care quality assessment audits were detailed and looked at whether the care plan was correct, were tasks being completed, was the client happy and were all aids listed. Appropriate changes were then made, staff invited for one to one meetings and quality issues raised generally in staff meetings, on the social media page and sometimes in newsletters sent with staff pay slips.