

Horizons Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This announced inspection took place on 31 July 2017. Horizons Care Limited provides personal care to people who live in their own homes in the community. There was one person using the service at the time of this inspection.

The provider was also the registered manager at the time of our 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.

We were unable to rate the service as there was not sufficient information available to us to fully assess how safe, effective, caring, responsive and well-led the service was.

The provider was the person delivering care at the service at the time of inspection. There were no staff employed by the company. The provider knew how to keep people safe and protect them from any harm or abuse. There were policies and procedures in place, which ensured that the provider protected people from any harm or poor practice.

The person had care plans and risk assessments in place, which ensured that they received the support they had asked for in a safe way. At the time of the inspection there were sufficient staff to meet people's needs as the provider was delivering care to the one person who used the service.

There were systems in place to ensure that people were protected from being cared for by unsuitable staff. The provider had devised systems to train and support staff, which ensured that they had the skills and knowledge to provide the care that was needed.

There were systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and the provider was aware of their responsibilities in relation to ensuring people gave their consent to care.

The provider was running the service and so continually monitored the quality of the service provided. We found evidence that they were in constant dialogue with the person who used the service and their family and that care was adjusted as required. Concerns had been listened to and acted upon. There was a process in place which ensured people could raise any complaints or concerns.

Care was delivered to meet people's individual needs and personal preferences. People's nutritional preferences had been considered and catered for.

People had access to health professionals and the service was able to facilitate this as and when needed to ensure people's safety and well-being.

The provider understood their legal obligation to provide information about incidents which occurred at the service and there were systems in place to ensure that incidents and accidents were recorded and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? Inspected but not rated.	Inspected but not rated
Is the service effective? Inspected but not rated.	Inspected but not rated
Is the service caring? Inspected but not rated.	Inspected but not rated
Is the service responsive? Inspected but not rated.	Inspected but not rated
Is the service well-led? Inspected but not rated.	Inspected but not rated

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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 announced inspection took place on 31 July 2017 and was undertaken by one inspector. This was the first inspection at the service since registration with CQC. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, the provider completed a Provider Information Return (PIR.) This 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. We took this information into consideration as part of our judgement.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the provider who delivered care at the service. We also spoke with the relative of the person who was using the service. We did not speak to the person who used the service due to communication difficulties over the telephone.

We reviewed the care records of the one person who used the service. We also reviewed records relating to the policies and procedures which supported the quality assurance of the service.

Is the service safe?

Our findings

The relative of the person using the service told us that the person using the service felt safe with the provider who delivered care. They told us, "What [the provider] has provided is something really unique. The perfect blend of caring and professionalism."

People's individual plans of care contained risk assessments to reduce and manage the risks to people's safety. We saw that risk assessments were in place where needed and that these were reviewed regularly and updated as and when necessary. The provider was in constant dialogue with the person who used the service and their relative to ensure that their needs were safely met.

Policies and procedures were in place to protect people from harm. Information was available for staff to inform them what they needed to look out for and how to report any concerns to the provider or outside agencies, such as the local safeguarding team and Care Quality Commission. The provider understood their responsibility in safeguarding people from the risk of abuse and had contacts within the local authority to enable them to do this effectively.

There were systems in place to protect people from being cared for by unsuitable staff. The provider had devised a robust recruitment policy and procedure and we saw evidence of this to ensure that future staff's histories and backgrounds were checked with the Disclosure and Barring Service for criminal convictions before they were able to start work and provide care to people.

There was enough staff to meet the needs of people. The provider delivered care to the person using the service. The provider told us that as and when they began to provide personal care to more people they would recruit more suitably qualified staff to meet the needs of the individual. At the time of the inspection we were unable to assess the effectiveness of this in the longer term as there was only one person currently using the service.

There was a system in place to manage the administration of people's medicines when required. The provider had undertaken training to ensure that the service and any staff employed would understand their roles and responsibility in administering medicines. The provider told us that staff competency would be tested before they were able to administer medicines. However, at the time of the inspection there were no people requiring support with medicines so we were unable to assess the effectiveness of the system in place.

Is the service effective?

Our findings

The provider had devised an induction training programme which all staff would be expected to attend and complete before they commenced working with people. The training included key areas of safe and effective care delivery. There were plans in place to train staff as and when required. At the time of the inspection we were unable to fully assess the effectiveness of the training as there were no staff employed at the service.

The provider's procedures were that staff could expect to be supervised on a regular basis and there was a procedure in place for supervisions and appraisals to be undertaken. We were unable to fully assess the procedure in place at the time of this inspection as there were no staff employed at the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of the inspection we were unable to check whether the service was working within the principles of the MCA. The provider had an understanding of the MCA and their role and responsibility but was not able to demonstrate this in practice as yet.

There were systems in place to identify whether anyone was at risk of malnutrition and dehydration and we found that any preferences in relation to nutrition had been fully considered.

Information was in place in relation to other health professionals people may need to access. These details had been obtained in order to ensure people received effective care and support.

Is the service caring?

Our findings

People were supported in a compassionate, kind and caring manner. The person's relative told us, "[The provider] is so caring and she listens. They have a very good rapport."

The provider was able to demonstrate how passionate they were about providing good care to people which met their individual needs. The provider was able to demonstrate a good knowledge and understanding of the person they cared for. For example, they were able to tell us how the person liked to spend their time and how they communicated with them best.

Care plans included people's preferences and choices about how they wanted their support to be given. Care plans were detailed and described the person they concerned and how they would want to be supported. We were unable to fully assess how effective and consistent this was in the longer term as there was a very limited service being provided to one person at time of the inspection.

People's individuality was respected and the provider ensured that people's dignity was protected. The care plan we looked at spoke about people in a dignified way and described how care would be delivered to ensure their privacy and maintain their dignity.

We saw evidence that the provider regularly communicated with the person who used the service and their relative and that care was delivered to meet their individual needs and preference and to ensure their quality of life.

Is the service responsive?

Our findings

People received individualised care designed to meet their personal needs and preferences. The relative of the person who was using the service described the provider spending time talking to their relative and ensuring their individual needs were met. They said, "[The provider] really listens to my [relative]."

The provider carried out an assessment of people's needs prior to them starting to use the service and a system was in place for this. The person using the service had initially met with the provider, which gave them the opportunity to consider whether their needs could be met at the times they wanted. The person had been able to discuss their daily routines and their expectations of the service. This information was then used to develop their care plan.

The person using the service had been involved with developing and updating their care plan, which detailed the care and support they needed. The care plan we looked at demonstrated that it had been written with the full involvement of the person it concerned and reflected their personal preferences. We saw evidence that the care plan was regularly reviewed through the communication the provider had with the person and their family.

There was information available to people and their families about what to do if they had a complaint or needed to speak to someone about the service. We saw that there were appropriate policies and procedures in place for complaints to be managed and responded to. However, at the time of the inspection there had been no complaints so we were unable to assess as to how effective the procedures were.

Is the service well-led?

Our findings

The provider was also the registered manager at the time of our 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.

The relative of the person using the service told us that they were very pleased with the professional way in which the service was run and told us, "It's so exceptional. I'm 100% delighted with everything." They described the service being well managed and told us that they had, "every confidence" in the provider.

The provider was delivering care at the service and so was constantly monitoring the quality and safety of the service provided. As the provider was only delivering a very limited service at the time of the inspection they were able to address any issues as they arose and deal with them effectively. The provider was aware that as the service expanded they would need to be proactive about the development of the quality assurance processes. We were unable to assess the effectiveness of the quality assurance and audit processes the provider had in place at this time due to the limited service they were providing.

There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included management of medicine, safeguarding and recruitment procedures. At the time of the inspection we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided.

There were systems in place to record any accidents or incidents which took place at the service. We were told that no incidents had taken place to date. The provider was aware of how and when to notify the relevant agencies when incidents took place.