

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 

### Overall summary

This inspection took place on 20 April 2015. We gave the provider 48 hours' notice of the inspection. We did this because the service is a small care home and we wanted to make sure people using the service, managers and staff were available when we visited.

This was the first inspection since the Care Quality Commission registered the service in July 2013.

New Horizon Care Home provides accommodation and personal care for up to three people with a mental illness. When we visited, three men were using the service.

One of the providers is also the registered manager. 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.

Staff supported people in a caring and professional way, respecting their privacy and dignity.

# Summary of findings

Care records reflected people's health and social care needs and staff regularly reviewed each person's care and support. The providers, registered manager and care staff communicated effectively to make sure all staff were up to date with each person's care and support needs.

Staff had the training they needed to care for people. Care staff were able to tell us about people's individual needs and how they met these in the home.

Staff understood and followed the provider's safeguarding and whistleblowing procedures. They also understood the importance of reporting any concerns about the welfare of people using the service.

People using the service, their relatives and care staff told us they knew about the provider's complaints procedure. They were confident the provider and the registered manager would respond to any concerns they might have.

People consistently received their medicines safely and as prescribed.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The providers and registered manager followed effective systems to monitor the quality of the service.

# 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.

People using the service told us they felt safe and the providers had systems in place to protect people.

There were enough staff employed and the provider completed appropriate checks when employing new staff.

People received the medicines they needed.

Good



### Is the service effective?

The service was effective.

People gave their consent to the care and support they received.

Care staff felt supported and said they had the training and information they needed to work with people using the service.

People had a varied, balanced diet and they told us they liked the food. Care staff had assessed people's nutritional needs and where people had an identified dietary need, this was met.

People had access to a range of health services and felt the service supported them to stay healthy.

Good



### Is the service caring?

The service was caring.

Care staff supported people in a way that respected them and supported them to make choices.

We saw positive interactions where the staff were kind, caring and respected people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People received care and support that reflected their individual needs, interests and choices. There was a range of activities and people felt their social needs were met.

People were aware of the complaints procedure and knew how to make a complaint.

Good



### Is the service well-led?

The service was well-led.

The providers identified and managed the risks to people using the service.

There were comprehensive quality monitoring processes.

People living at the home, their relatives and staff felt there was a positive culture at the home that was welcoming. They said the providers were visible and supportive.

Good



# New Horizon Care Home Ltd

## 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 20 April 2015. We gave the provider 48 hours' notice of the inspection. We did this because the service is a small care home and we needed to make sure people using the service, managers and staff were available when we visited.

The inspection team comprised one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of using services for people with a mental illness.

Before the inspection, we reviewed the information we held about the service, including notifications sent to us by the provider about significant incidents. The provider sent us a Provider Information Return (PIR) in February 2015. The PIR gave us some information about the service, the people using and working in the service and the provider's plans for improving the care and support people received.

When we visited, we spoke with all three people using the service, one member of staff and both of the providers, one of whom is also the registered manager. We also reviewed the care plans for all three people using the service, two staff files and other records relating to the management of the service.

Following our visit, we spoke with the relatives of one person using the service and received comments from a social worker, clinical nurse specialist and a clinical psychologist.

# Is the service safe?

## Our findings

People using the service told us they felt safe. One person said, “I’ve lived in other care homes and I’ve never felt safer.” A second person said, “I feel perfectly safe living here.”

A relative told us, “I have no concerns, [relative’s name] is very safe and happy where he lives.”

A nurse specialist working with one person using the service told us, “I have to say that since my client moved there, I have had no concerns whatsoever about him.”

The provider had systems in place to protect people using the service. The provider had a safeguarding adults policy and procedures that they had reviewed in 2015 and they also ensured staff had access to the local authority’s safeguarding procedures at all times. The procedures included guidance for staff on identifying possible abuse and reporting any concerns they had about people’s welfare. The manager told us all staff completed safeguarding adults training and the staff we spoke with and the provider’s training records confirmed this.

Staff were able to tell us about what they would do if they had concerns about the safety of a person using the service. One staff member said, “If I was worried about anybody’s safety I’d report to the manager immediately.” They added, “If I thought nothing was being done I’d go straight to the local authority.”

The provider ensured people using the service received the medicines they needed. There was secure storage for all medicines in the home’s office. A local pharmacist supplied medicines in blister packs and staff administered these at

agreed times. Care staff completed administration records when they supported people with their medicines. The administration sheets were accurate and up to date, with no gaps or omissions. Where people needed PRN (‘as required’) medicines, staff recorded these accurately. Training records showed all care staff had completed training in the safe management of people’s medicines.

The provider ensured there were enough staff to meet people’s needs. Staff rotas showed a minimum of two staff on duty from 9:00 am – 8:00 pm with one waking night staff available to support people from 8:00 pm. One person told us, “The staff are very helpful.” During the inspection, there were enough staff to support people to attend medical appointments and take part in activities in the home and the local community.

Staff recorded incidents and accidents involving people using the service and the provider / manager reviewed each report. Incident forms gave accurate accounts of the incident with a summary of actions taken by care staff and outcomes. There was evidence the provider learnt from accidents and incidents and took action to improve the delivery of care and support to people using the service. For example, following one incident, the provider introduced a ‘traffic light’ system to enable one person to talk about how they felt each day. This enabled staff to use de-escalation strategies if the person felt they might be a risk to themselves or others.

The provider had systems in place to make sure staff were suitable to work with people using the service. Staff recruitment files included application forms, references, proof of identity and criminal records checks.

# Is the service effective?

## Our findings

People told us they felt well supported by staff who understood their needs. One person said, “There’s only one word to describe this home – brilliant.” A second person said, “It works well for me here.”

A clinical psychologist working with a person using the service commented, “The provider has a good understanding of mental health needs and has successfully implemented suggestions / interventions to help manage behaviours. They have consistently addressed any crises and have implemented successful risk management plans. Any follow-up with broader professional services has been undertaken timeously.”

A nurse specialist working with one person using the service told us, “[The provider] and his team, when it comes to any actions required around physical health issues, are responsive and proactive.”

A social worker working with one person using the service told us, “I have limited contact with the placement and so do not feel able to comment on a great deal. That said, this in many ways shows the strength of the placement and how able they are to support the clients there and do not contact the Care Coordinator frequently for advice and guidance. I think the experience of [the provider] enables the placement to run smoothly and seamlessly in many ways.”

Staff had completed the training they needed to support people using the service. The training and staff records showed most staff were up to date with training the provider considered mandatory. This included safeguarding adults, health and safety, fire safety and medicines management.

Staff told us they felt well trained to do their jobs. Their comments included, “The training is very good” and “If there was any training I thought I needed, I know [provider’s name] would organise it.”

Staff told us they had regular supervision with the manager or deputy manager and this gave them an opportunity to discuss their work with clients and their personal development and training needs.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. We spoke with the providers and registered manager who understood their responsibility for making sure care staff considered the least restrictive options when supporting people and ensured people’s liberty was not unduly restricted. People using the service, the providers, registered manager and staff told us there were no restrictions on people’s liberty. We saw the front door was not locked and people could come and go as they chose. During the inspection, we saw no examples of staff restricting people’s liberty. The providers told us they would apply to the local authority if they felt staff needed to impose any restrictions, but this had not been necessary.

Staff supported people to make decisions about their care and support. People using the service told us they were able to make their own decisions about their care and support, with assistance from care staff, if required. Information about the Mental Capacity Act 2005 (MCA) was available for staff and training records showed staff had completed training on the MCA and DoLS.

The provider made sure people received a varied and nutritious diet. People told us they enjoyed the food and drinks provided in the service. One person said, “We talk about what to eat each day and help with the shopping and cooking.” A second person told us, “We always have a takeaway on Saturday and a roast dinner on Sunday, its good.” This person also told us there was always fruit to eat and said when they had suggested more vegetables and salad the provider had arranged this.

The provider arranged for and supported people to access the healthcare services they needed. Care plans included information about people’s physical and mental health needs and guidance for staff on how they should meet these in the service. Care plans showed staff reminded people to attend appointments with their GP and specialist mental health services. Staff recorded people’s health care appointments in their care plans. This showed people received the support they needed to meet their health care needs.

# Is the service caring?

## Our findings

People told us they felt well cared for in the service. One person said, “I’m very happy living here, it’s the best place I’ve lived in.” A second person told us, “I believe the staff care about what happens to me and they try and help.”

A relative told us, “All of the staff are very caring, I can’t fault them.”

People were involved in planning the care and support they received. One person said, “I’ve got a care plan and I can talk to the staff about it. We talk about things I want to change.” Another person told us, “I sign my care plan and that shows I agree with it.”

A nurse specialist working with one person using the service told us, “I am pleased with the support that my client is receiving from New Horizon.”

People signed their care plans and other documents about the care and support they received to show they agreed with the information provided. For example, each care record included consent forms people using the service had signed. These showed people agreed to the provider taking their photo and liaising with the GP surgery on their behalf.

During the inspection, we saw staff treated people with kindness and patience. There were enough care staff to support people to attend medical appointments, help with household tasks and spend individual time in communal areas.

Care staff respected people’s dignity and privacy. For example, people told us they had access to their rooms at any time and staff always knocked on their bedroom door before entering. People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in the lounge or kitchen when they wanted to be with other people. Staff offered people choices about aspects of their daily lives throughout the inspection. We saw people staff offered people choices about what to eat and the activities they took part in.

The providers, registered manager and care staff knew people’s care needs well. They were able to tell us about significant events and people in each person’s life and their individual daily routines and preferences. They told us how they had worked with one person and their family to ensure they kept in touch and how they had supported other people to find voluntary work.

The provider kept information about people using the service secure. Care records and other documents were kept in the office. Medicines management records were securely stored.

# Is the service responsive?

## Our findings

People told us they received care that met their individual needs. They said care staff were aware of their preferences and these were reflected in the support they received. One person said, “All the staff know me very well, they know what I can do for myself and when I need help. I can talk to any of them.”

A social worker working with one person using the service told us, “The discussions had about the kind of support my client needs were upheld when he moved into the placement. The support provided was individualised and tailored to his needs.”

The provider’s care planning systems were centred on the individual. The providers and care staff had assessed and recorded people’s individual care and support needs. Care plans included information on things people could do independently and care staff reviewed these regularly. For example, staff had supported one person to enable them to prepare their own breakfast each day. Plans were personalised and gave care staff clear instructions about how to meet people’s physical, health, personal and social needs.

Care staff completed risk assessments that identified potential risks, for example risks to themselves or other people. These included control measures and action plans to avoid or manage the risks in order to ensure people’s safety.

Care staff supported people to access appropriate activities. People’s care records included weekly activity plans and daily notes staff completed to show how people spent their time. Records showed people took part in voluntary work, attended day services, maintained contact with family and friends and accessed leisure activities in the local community.

People’s care plans included information about their needs in respect of their gender, religion and culture. For example, care staff asked people about their faith needs and supported two people to attend local places of worship.

There was an appropriate complaints procedure and people told us they had been given a copy of this. They also told us they knew what to do if they had a complaint. One person said, “I’d speak to the staff or [manager’s name] if I wanted to complain, but I’ve never needed to.” Staff told us they had confidence the management would address any concerns they raised.



# Is the service well-led?

## Our findings

A clinical psychologist working with one person using the service told us, “There is regular communication from the provider and staff have appropriately liaised with broader community networks to help the service user integrate with community activities. Overall, the service is run well with knowledgeable staff who are committed to service user satisfaction.”

A nurse specialist working with one person using the service told us, “The manager is really good at communicating with me and is always willing to help. Whenever we agree any action plans in relation to the care plan, [manager’s name] and his team always act on it and always give me feedback.”

A social worker working with one person using the service told us, “I have always found it very easy to reach [provider’s name] there too. I find him to be accessible and thoughtful on the phone. I too have found him and his approach to be warm and welcoming, which I think makes a real difference to the placement.”

The Care Quality Commission (CQC) registered New Horizon Care Home Limited in July 2013. One of the two providers is also the registered manager. A registered manager is a person who has registered with the CQC 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 saw the provider had a clear statement of purpose that detailed their philosophy of care. This included, “Our goal is

to promote our clients’ recovery through the process of providing hope, control and opportunity.” Care staff told us they discussed the provider’s philosophy of care as part of their induction training.

The provider carried out regular audits to make sure the service was operating effectively. These included monthly audits of each person’s care records, including the record of weekly meetings between each person and their key worker. The audit covered all aspects of the care and support provided to people using the service, and included care planning, risk management, finances, medicines and the environment. Records also showed the provider carried out other checks, including a monthly audit of people’s medicines, a weekly fire alarm tests and regular fire drills, a daily check of the kitchen and a weekly deep clean. Where the provider identified areas that required improvement, they developed an action plan to address the issues. For example, an audit of one person’s physical health had identified the need for the person to maintain a healthy weight and care staff worked with the person to develop an appropriate dietary plan.

The provider also carried out regular checks of the environment to make sure people were safe. There were current safety certificates for the home’s electric and gas supplies and a fire safety certificate. The provider also had a business continuity plan to ensure they could continue to care for and support people in the event of an emergency.

We saw evidence the home worked with other health and social care agencies to make sure people received the care, treatment and support they needed. The provider ensured they supported people to make and maintain contact with community healthcare services, including GP’s, dentists, district nurses and community mental health services.