

Livability

Livability Horizons

Inspection report

12 Lindsay Road
Poole
Dorset
BH13 6AS

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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

Horizons is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This unannounced comprehensive inspection took place on 2 and 3 May 2018.

Horizons are registered to provide accommodation and personal care for up to 13 people. At the time of the inspection nine people were living at the home.

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

People told us they felt safe with the staff and living at the home. There were clear systems in place to safeguard people from the risk of harm. Staff had completed training in safeguarding people and spoke knowledgeably about how to raise concerns if they suspected people were being abused. The registered manager had raised safeguarding concerns to the relevant authorities when necessary.

People's needs were assessed and planned for. People were provided with care and support that took into account their personal wishes and preferences. People had good access to healthcare and staff referred people appropriately to health care professionals. Health professionals supplied positive written feedback on the service people received at horizons.

The provider had an established system for ensuring people were recruited to work in the service safely. Recruitment systems were robust and staff were trained to ensure they could care and support people safely and consistently. There were enough appropriately trained staff available on each shift to ensure people were cared for safely. Staff received appropriate training which was refreshed at regular intervals. Staff told us they felt well supported by the management team.

People's medicines were managed safely and administered as prescribed.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). Staff ensured decisions were made in people's best interests and followed any conditions placed on their Deprivation of Liberty Safeguards.

People told us they enjoyed living at Horizons and said the staff were friendly, caring and treated them with kindness and patience. Relatives were very happy with the care and service provided by the home. Staff knew people very well and cared for them in the way they preferred. Staff knew what was important to

people and supported them as individuals.

People were supported to take part in a range of activities and hobbies they enjoyed. People said they really enjoyed taking part in their voluntary work and attending their college courses. People were supported to remain as independent as possible to ensure their health and well being was maintained or improved.

People were provided with a choice of healthy home cooked food and drink that ensured their nutritional needs were met. People told us they enjoyed the food and they could choose what they wanted to eat if they wanted something different to the menu. People enjoyed observing the staff preparing and cooking the meals and taking in the atmosphere of the kitchen.

People told us they knew how to make a complaint and said staff listened to them and took action if they needed to raise concerns or queries. Records showed complaints were investigated in accordance with the provider's complaint policy.

People, relatives and staff told us they felt the service was well led, with a clear management structure in place. There were governance systems in place to assess and improve the quality and safety of the service and to ensure people were supported in a safe, effective and caring way.

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 people from harm and knew what action to take in the event of a concern.

Risks to people had been identified. Measures were in place to manage risks whilst still supporting people to remain as independent as possible.

There were systems in place to safely store, manage and administer medicines.

There were enough staff on duty to provide safe care and support for people.

Is the service effective?

Good ●

The Service was effective.

People were supported by staff who were themselves supported through regular supervision and training.

People were supported by staff who acted in accordance with The Mental Capacity Act 2005. Staff promoted people's choice and acted on the decisions people made.

People were offered a variety of choice of home cooked food and drink. People who had specialist dietary needs had these met.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

Care and support was provided with kindness and compassion by staff, who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and

respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their families in order to provide person centred care.

Is the service responsive?

Good ●

The service was responsive.

People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought and there was a clear complaints process in place.

Is the service well-led?

Good ●

The service was well led.

Observations and feedback from people and staff showed us the service had a supportive, honest, open culture.

People felt listened to and involved in the development of the service.

There were quality assurance systems in place to ensure continuous improvement.

Livability 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 2 and 3 May 2018 and the first day was unannounced. The inspection was conducted by one Care Quality Commission (CQC) inspector and an assistant CQC inspector on day one and one CQC inspector on day two.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the registered manager notified us of. The registered manager had 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 used this information in the PIR to plan and undertake the inspection. We also asked the local authority who commission the service for their views on the care and service given by the home. We requested and received written feedback from a selection of health professionals who visited the home on a regular basis.

We met with all nine of the people living at Horizons and spoke to those who were able to speak with us. We spoke with the registered manager, deputy manager, six members of care staff and three relatives.

We observed how people were supported and looked at three people's care and support records. We also looked at records relating to the management of the service including; staffing rota's, three staff recruitment files, incident and accident records, training records, meeting minutes, premises maintenance records, quality assurance records and three people's medication administration records.

Is the service safe?

Our findings

People were cared for and supported safely by staff who knew them well. People told us they felt safe with the staff. One relative told us, "It is absolutely safe, they always let me know what's happening and phone me at any time." We asked another relative if they felt the service was supporting their son safely, they replied, "Absolutely, I can't fault it at all." All of the people we asked, told us they felt safe living at Horizons.

Safeguarding adults information was displayed in the communal areas of the home, guiding people on how to report any allegations of abuse. Safeguarding training had been delivered to staff and staff spoke knowledgeably about the different types of potential abuse and knew how to report any allegations of abuse. Pictorial posters were also displayed around the home to help people understand how to keep safe.

Care plans and risk assessments had been updated to reflect people's changing health needs. We reviewed, in depth, the care and support records of three people. This was so we could evaluate how people's care needs were assessed and care was planned and delivered. People's care and support was delivered safely whilst ensuring they maintained as much independence and choice in their daily lives as possible.

Staff told us how they completed pre assessments on people before they moved into the home. This meant they were able to get the correct specialist equipment for them so that staff could provide the best care possible.

People had risk assessments and management plans in place to ensure risks were assessed and managed. Risk assessments covered a wide range of topics which included, mobility, safe swallow, pressure care and nutrition. These were detailed and ensured staff were given the correct information to support people safely. There was a system to ensure accidents and incidents were recorded. These were then reviewed and analysed to ensure learning from any incidents could be taken forward.

There were systems in place to keep people safe. There was clear guidance available on what to do in the event of a fire. Staff were able to tell us that they would check the fire board and work together as a team to keep all people safe. Personal Emergency Evacuations Plans (PEEPs) were updated on the computer system. However, the latest versions had not been printed and updated in the PEEPs file kept with the emergency fire grab pack. This could mean in the event of a fire, evacuation staff may not know how to safely evacuate people. This was discussed with the registered manager who updated the PEEPs before the end of the inspection. Staff knew people well and knew how to evacuate them safely. Some staff told us they felt they would benefit from more fire drill training to become more confident. We raised this with the registered manager who said they would investigate and discuss with the staff.

Staff were recruited safely into the service including full employment history, DBS (disclosure barring service) and employment reference checks. Staff were given a full induction and completed shadow shifts with experienced staff before commencing work on their own. People who lived at the home took part in recruiting staff if they wished. They attended the interviews and gave their views on prospective new staff.

We observed there were enough staff on duty to meet people's needs. People, relatives and staff told us there were enough staff available to care for people safely. The registered manager reviewed people's dependency to ensure if people's care needs changed, there were enough staff on shift to care and support people safely. One relative commented, "Staff turnover is very hard for them. There is a good core of staff but staff turnover is high." One member of staff told us staffing at times could be a problem, particularly if there was a lot of unplanned staff sickness. The registered manager told us they were in the process of recruiting further permanent staff so they would not have to rely on independent agency staff for unscheduled staff cover.

People received their medicines as prescribed and generally storage of medicines was safe. However, some medication did not have an 'opened by' and an expiry date noted on them. This meant staff would not know when the medication had been opened and whether the active ingredient would still be effective. We discussed our findings with the registered manager who said they would put a system in place straight away to ensure all medicines would have open dates recorded on them. Staff showed us recent improvements they had put in place to ensure medicine errors were reduced. Medicines were stored safely with temperatures recorded daily to ensure medicines were stored within a safe temperature range.

People's medication administration records (MAR) had been fully completed with reasons for medicines not being taken recorded clearly on their MAR. There was a clear system of colour coded body maps in place for staff to record where and how much prescribed creams to apply for people. People had their allergies recorded and staff were able to tell us how people presented if they required additional pain relief. Some people could tell staff if they were in pain, for those people who were unable to verbalise, staff described how people showed they were in pain. For example, one person would verbalise in a specific way and another person would make gestures with their head. Staff were knowledgeable about each person and knew their specific movements which would alert them that the person may require additional pain relief.

Staff were trained in the administration of medicines and had their competency assessed each year to make sure they were safely administering medicines to people. Medication audits were completed weekly and showed staff had taken appropriate actions to rectify errors when they had occurred.

Staff demonstrated how they encouraged people to take their medicines and sign their own MAR which allowed people to maintain a level of independence and control over their daily lives. Some people required oxygen to help with their breathing. There was a clear system in place for the management of the oxygen with detailed risk assessments in place to mitigate possible risks.

There were systems in place to ensure the safety of the premises, including regular servicing of equipment. There were up to date service certificates for premises equipment and services, which included, electric portable appliance testing, gas safety, fire alarms, fire extinguishers, call bell alarms and safety certificates for the lift and lifting equipment such as hoists. The provider completed regular flushes of the water system and monitored the water temperatures on a regular basis. The premises had been tested for Legionella and was Legionella free. Legionella is a water borne bacteria that can be harmful to people's health.

Throughout our inspection the majority of the areas of the home were well maintained, clean and free from odours. However, the wet rooms had become water damaged and were showing signs of general wear and tear. The grouting had become blackened and the protective covering on the vanity units and cupboards had started to crack and peel. This meant there could be an increased risk of infection as cleaning these areas could be difficult. The registered manager told us the provider was planning to refurbish and modernise the wet rooms.

Staff had completed training in the prevention and control of infection. Staff told us and we observed work surfaces were kept clean and tidy. Staff spoke knowledgeably about infection control procedures and told us how they used their personal protective equipment (PPE) during all aspects of personal care, how they cleaned up spillages and which coloured bags they used for laundry and a separate colour for clinical waste. The home had its own laundry room which was well ordered and clean. The washing machines had a boil wash cycle available which would ensure bacteria would be killed and the risk of cross contamination reduced.

There was evidence of lessons learned and improvements implemented when things went wrong. Staff told us how they discussed how areas could be improved and described how they put new procedures in place to mitigate risks. For example, the compilation and use of revised forms and audit processes with the administration of medicines to reduce the risk of medicine errors.

Is the service effective?

Our findings

Relatives told us they felt the staff were well trained and knew how people preferred their care and support to be given. One relative said, "They know [person] exceptionally well. Whatever he needs they provide and they give completely individualised care. I can't fault it at all." Another relative told us, "They know [person] very, very well. Since [person] has lived at Horizons they are so much more relaxed."

People's needs were assessed before they moved into Horizons. We discussed equality, diversity and human rights with staff and the registered manager. Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Detailed pre admission assessments were completed on each person before they came to live at Horizons. Staff told us any areas that were identified at a pre-assessment that may lead to further staff learning and development, would be discussed with all staff in the home before the person came to live there. For example, if someone had different cultural or religious beliefs and required a specific diet. This ensured everyone was treated fairly and equally and any additional training needs that were identified would be discussed with staff to ensure all training needs were met.

Staff told us about their experiences during their induction. They said they had felt well supported and always 'shadowed' more experienced staff before they were left to care for people independently. We reviewed the training schedule for all staff. Staff were trained to the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

Staff told us they had found their training to be effective, useful and delivered well. One member of staff said, "I had a lot to learn, the training was delivered at the right pace and I learnt all about the people living here first, which was very important. We have really good trainers, in fact some of the best trainers I've had, they constantly checked I understood all the time."

Staff received regular supervision sessions and annual appraisals which they said they found helpful. Staff told us they felt well supported by the management team and there was always someone available to offer further support or guidance if they needed it. One member of staff said, "Everyone has been really helpful, we are never on our own. It's been so refreshing to feel so supported."

We observed staff preparing the main meal and talked to the people who had asked to stay and watch the staff cook. Some people liked to stay in the kitchen while the meals were being prepared because they enjoyed the cooking smells and the atmosphere of the kitchen. A daily menu board was on display and staff regularly reminded people what the meals were going to be. People could choose different meal choices if they wished. All the people we spoke with told us they enjoyed their meals and said they could always have something different if they wanted it. Staff spoke knowledgeably about people's specific diets, what people liked and disliked and where they preferred to eat their meals. Mealtimes were a friendly, social occasion which people enjoyed and looked forward to.

Some people required their food and fluid to be monitored to ensure they were eating and drinking enough to prevent the risk of malnutrition or dehydration. There was a system in place for staff to record the amount of food and fluid people ate during the day. The system included target fluid amounts for people, which meant staff could see how much people needed to eat and drink to remain healthy. People had their weight checked and recorded regularly and any major fluctuations were referred to a health professional or dietician.

People's assessments included all aspects of their needs including characteristics identified under the Equality Act. For example, assessments included people's religious and cultural needs, their sexual orientation and important relationships. This made sure the service was able to meet their care, health and support and cultural needs and provide them with individualised care.

Some people lived with complex healthcare needs. Staff explained how they ensured people received best care suited to their needs by referring them to the appropriate healthcare professionals. For example, epilepsy specialist nurse, dietician, speech and language therapist's counsellors and GPs. Staff explained how they contacted the GP when they were concerned about a person's health and when they wanted medication to be reviewed. To maintain people's well-being they had access to counsellors. When people had to go into hospital, 'hospital grab packs' were ready to go with them. These included all the information the hospital would need to know about the person to care for them.

People were encouraged and supported to make their bedroom their own. People's bedrooms were personalised with their own pictures, photographs and personal possessions. People could choose their wall coverings and paint colours to give their bedrooms a bright, homely feel. Communal areas were bright and spacious and kept free from clutter to ensure people were able to mobilise easily through out the home.

If people required specialist beds, these were provided and maintained by the provider. Some people had monitoring equipment in their bedrooms to ensure their safety during the night. Bedrooms had ceiling hoists and adaptive equipment in place to ensure the safety of people and staff. Bathrooms and toilets had grab rails in place to assist people in maintaining their independence. The registered manager showed us a communal lounge that was undergoing adaption to accommodate a sensory room and a sensory area. People had access to outside areas which were safe and secure where they were able to sit or plant flowers or have barbeques. There was adequate storage facilities to ensure people's adaptive equipment could be stored outside of their bedroom. For example, each person had their own shower chair stored in a central area.

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. Some people who lived at the home had mental capacity to make most of their own decisions and choices. They told us staff respected their choices and supported them to live their daily lives as they wished. People told us and we observed, staff sought people's permission before supporting them.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. Where possible these decisions had been made in consultation with people's relatives, representatives and health professionals. We spoke with the registered manager about their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. 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 registered manager. The registered manager had made appropriate applications and had a system in place to recognise when further reviews and applications were required. Any conditions placed on people's DoLS had been adhered to and followed. People who were not subject to a DoLS authorisation had electronic swipe cards which allowed them free access to and from the premises. This showed that people's rights were protected.

Is the service caring?

Our findings

People and relatives told us they found staff to be friendly, caring, patient and kind. One relative said, "The staff are excellent. They are really good at championing [person] cause and I'm always made to feel very welcome." Another relative told us, "It's really good, a real home from home" and "The staff are efficient, kind and respectful, we've never had a problem."

Staff spoke warmly of people and were able to tell us in detail what each person liked to do and how they wished to spend their day, what made them happy and what could cause them to become anxious. Staff gave good examples of how they reduced people's anxiety levels and how people preferred their specific support and care to be given.

Throughout the inspection we observed staff treating people with warmth, respect and dignity. Staff ensured they sought people's permission before entering their bedrooms. Door signs were available to hang over door handles when people did not wish to be disturbed. People told us staff respected their daily wishes and choices.

One member of staff was the 'dignity champion' for the home. There was a dignity tree and dignity poems displayed in the communal area for everyone to view. The dignity champion was an advocate for the principles of The Human Rights Act 1998 to ensure people were consistently supported and treated as individuals in accordance with The Act. Staff received training in equality and diversity and were able to tell us how people's individual likes and dislikes were discussed at pre assessment.

People were involved and included in the running of the home and they took part in the monthly meeting held at the home. People were supported to share their views and opinions using their preferred method of communication and picture cards were accessible to express emotions, likes, dislikes, time of the day and activities. Records showed people were asked for their views on a range of subjects regarding living at Horizons. For example, people were asked if they liked living at Horizons, if they were happy with the menu choice, staff and happy at night.

People and relatives told us they were made to feel very welcome whenever they visited and they were kept informed regarding the well-being of their relative.

Is the service responsive?

Our findings

A relative told us, "[person] loves it here. They are very settled. If I have any queries they always deal with them straight away. I always get a full explanation and we all agree. Everything they do is tailored to [person] needs, wishes and choices. It has made them far more independent and very happy." Another relative said, "They have looked after [person] exceptionally well. I'm kept fully involved and I can't fault it at all. I would have every confidence any problems, if there were any, would be sorted out straight away."

People's care and support plans and records showed they received person centred care that was specific to their preferences, likes and dislikes. People's health and support needs were identified and included a range of assessments such as, mobility, daily routine, communication, skin integrity and nutrition. These assessments led to completion of individualised care plans that were clearly written and gave guidance for staff on how people preferred their care and support to be given. For example, one person's care plan stated, 'I need staff to use simple language, short sentences and to speak clearly.' Another person's care plan stated, 'Staff to support me with my relationship with my special friend and allow me privacy if I request it.'

Care plans identified people's abilities to promote their own independence and gave clear guidance for staff, for example, 'I need staff to brush my hair for me. I need staff to show me my hair clips and I will usually choose which one, when it is held in front of me. I will say yes.'

Care and support plans were reviewed regularly and updated when people's health needs changed. Where people required pressure mattresses, pressure cushions and pressure supports to maintain their skin integrity, these were in place, clean and well maintained. Mattress pressures were correctly set to reflect people's weight and were checked daily. Where people required hoisting to mobilise them from their bed to their chair, clear moving and handling plans were completed. Handling plans gave staff guidance on how the person liked to be mobilised and which slings and coloured loops were to be used to ensure the person was mobilised safely.

Some people were unable to communicate verbally. Care plans gave clear guidance for staff on how people preferred to communicate. Staff were knowledgeable about how people communicated and explained the different methods and signs people used to communicate with them. Staff used a variety of communication methods, these included; symbols, pictures, electronic tablets, visual prompts and Makaton. Makaton is a sign language programme designed to provide a means of communication to people who cannot communicate effectively by speech. We observed staff thoughtfully adapted how they communicated with people depending on the person's needs.

Resident meeting minutes were recorded in a pictorial format. This enabled people to see what had been agreed if they had been unable to attend the meeting.

People were supported to live active lives and took part in a wide range of activities, hobbies and visits into the community. People were supported to participate in a variety of volunteering opportunities which

included assisting at the local library, the park, charity shops and a nature reserve. People told us they enjoyed attending the community events and their college courses.

There was a system in place for receiving, investigating and resolving complaints. People and relatives told us they knew how to make a complaint and felt any concerns they raised would be addressed. There were no on going complaints at the time of the inspection and the provider had received two complaints in the previous year. We reviewed the complaints which had been actioned in accordance with the provider's complaint policy. There was pictorial and written guidance on display in the communal areas of the home, informing people how and who to make a complaint to if required.

We saw a selection of compliment and thank you cards from people, relatives and health professionals, expressing their thanks and appreciation of the care and support they and their relatives had received. Comments included, "Amazing team of staff. So willing to help and support my sessions. They really have the best interests of the people at heart" and "What a lovely atmosphere. All staff were really welcoming and knew everyone really well."

Is the service well-led?

Our findings

Relatives told us they felt the home was well led with a clear management structure. Comments from relatives included, "I'm kept informed about everything, I'm very pleased with the service" and "I'm always made to feel welcome. They are always available to chat to if I have any questions." We received positive written feedback from local commissioners and health professionals. Their comments included, "I would say the service is safe, caring and well led based on my observations and experience of visiting" and "The service maintains a good level of communication with the parent at weekends."

People, relatives and staff told us they felt the home had a friendly, open and relaxed culture. Staff said they were well supported and worked as a close knit team. They said they felt the home worked well and gave a good standard of care to people. People and relatives told us they were included and kept involved in their and their relative's care. People were given choice to maintain and promote their independence. Relatives said they experienced a friendly and welcoming atmosphere when they visited and they felt the culture of the service was open and honest.

Staff told us they felt they were treated fairly and equally by the management team. They said communication was good and felt they all worked very well together. Staff said they felt listened to and valued. One member of staff said, "I love it here, I have been very well supported."

There was a system in place to gain the views of the service from people and staff. People and relatives completed quality assurance questionnaires each year. The results of the completed questionnaires were reviewed by the management team and any actions required taken up and discussed with people. Records showed staff and resident meetings were held. These were well attended and gave people the opportunity to feel informed about the day to day running of the home.

There were quality assurance systems in place to ensure the quality and safety of the service for people and staff. These included audits on care plans, staff appraisals and supervisions, accidents and incidents, medicines, premises and maintenance systems, fire systems, equipment and the cleanliness of the home. The registered manager completed out of hours observations and spot checks on a regular basis.

The provider had a range of policies in place to guide and support staff. These included, staff recruitment, whistleblowing and safeguarding adults.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The registered manager told us the provider ran regular regional meetings which they attended. This ensured they were kept up to date about changes in practice and were provided with support in their role.

The registered manager told us they had positive relationships with local supporting health professionals such as, speech therapists, GP's and tissue viability nurses.

