Horizon Homecare (Southern) Ltd

Horizon Home Care - 1430a Wimborne Road

Inspection report

1430a Wimborne Road
Kinson
Bournemouth
Dorset
BH10 7AS

Date of inspection visit:
10 May 2017
16 May 2017

Date of publication:
28 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 16 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. At the time of our inspection the agency was providing a service for 35 people with a variety of care needs.

The service had a 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. The registered manager oversaw the running of the agency and a branch manager undertook the day to day management of the service.

People and their families told us they felt safe and secure when receiving care. Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of staff to maintain the schedule of care visits.

Risk assessments relating to people's individual risks and those relating to their homes' environment were detailed and helped reduce risks whilst maintaining people's independence. People received their medicines safely and staff contacted healthcare professionals when required.

People felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in care plans. Care plans provided staff with up to date guidance which helped ensure people received personalised care which met their needs.

Staff told us they received regular supervisions and support. They said they felt supported by the management and could visit the office and be listened to.

There were systems in place to monitor quality and safety of the service provided.

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.

Risks were managed appropriately.

Staffing levels were sufficient to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and one to one supervisions.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible.

People were involved in planning the care and support they received. Their dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed and personalised and their needs were reviewed regularly to ensure their care plans remained appropriate.

A complaints procedure was in place.

Is the service well-led?

Good

The service was well led.

People and staff spoke highly of the management team and said they were approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

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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 inspection took place on 10 and 16 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office.

The inspection was carried out by two adult social care inspectors on the first day of the inspection. One adult social care inspector visited the service on the second day of the inspection. Before the inspection, we asked the provider to complete 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 reviewed the completed PIR before the inspection. We also checked other information we held about the service including notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with 10 people who used the service by telephone. We visited three people in their own homes and also spoke with two family members. We spoke with the registered manager, the manager and seven staff members. We looked at care records for seven people. We also reviewed records about how the service was managed, including staff training and recruitment records.

Good

Is the service safe?

Our findings

All service users with spoke with told us they felt safe and free from any harm when staff visited their home. One person told us, "I basically have the same people, so that makes me feel safe" and another individual said, "I've no concerns about my safety, everybody is so nice".

People benefited from a safe service where staff understood their safeguarding responsibilities. Care workers were required to complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

There were robust systems in place to identify any hazards or risks. For example, one person required support to safely manage their medicine. There was a risk assessment in place which explored the individual's memory and understanding of their medicines, their dexterity in handling tablets and their ability to manage changes to their medicines. Other people had risk assessments to minimise hazards caused by bed rails and pressure care issues, falls, and harm to self.

A risk summary at the front of people's care plans alerted staff to the main risks faced by people so that staff were aware before they started helping or supporting them. There were also detailed and comprehensive assessments of environmental risks and helpful information for staff such as the location of stopcocks and gas or electricity metres.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Staff told us there were sufficient staff deployed to ensure people's needs were met safely and responsively. Staffing levels were determined by the number of people using the service and their needs. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff and that staff were usually on time.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Peoples' medicines were managed and administered safely and people told us they received their medicines as prescribed. When staff assisted people to take their medicines they signed a medication administration record (MAR) to confirm the person had taken it. All staff received medicine management training, which was refreshed regularly and their competence was assessed periodically to make sure they were safe to administer people's medicines. Care plans included specific information to direct care staff as

to how people should be supported with their medicines.

We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans and on MARs. Where people had been prescribed 'as required' medicines staff were provided with guidance.

The service had a business continuity plan in case of emergencies. This contained a set of procedures for staff to follow in an emergency situation such as bad weather. This included how to prioritise calls such as people who lived alone, or were highly dependent on staff for medicine administration or meals and drinks.

Good

Is the service effective?

Our findings

All the people we spoke with told us that they thought the staff had the correct training and skills to meet their personal care and welfare needs. We received comments such as, "They wash me down when I get up and make sure I'm ok for the rest of the day" and, "They do my washing, cooking and give me my medication" and, "I'm helped to get dressed and they give me a shower when I want one".

When staff started working for the organisation they had a one to two week induction which included a variety of face to face and e-learning in addition to shadowing more experienced care workers to learn about how people wanted or needed to be supported. A member of the office team told us, "We make sure they are competent, and feel confident".

Staff told us they were well trained and described some of their learning which included training on different health conditions such as Alzheimer's and dementia, stoma care and diabetes. They explained they undertook mandatory training to make sure their care was safe such as medicines management, moving and handling, health and safety, first aid and fire awareness. All the staff we spoke with felt they had been adequately trained to undertake their role with one commenting, "If you prefer face to face training, that option is there". When people had new pieces of equipment staff provided training in people's homes to make sure care workers understood exactly how to use the equipment.

Staff told us they were well supported through regular supervisions and able to gain advice and guidance at any time. One care worker said, "We talk every day". Another care worker explained about the on-call system and how they had accessed to gain advice and support. They said, "If I have a problem they respond straightaway". A third care worker described office staff as, "Very approachable, always there to listen and help". Staff were further supported by individual supervision meetings and spot checks of their care practices in people's homes. There was also a system in place to make sure staff received an annual appraisal.

People told us their choices and preferences were listened, that staff asked consent before commencing a task and explained what they were going to do. Staff told about how they respected people's decisions. One care worker said, "We always ask permission before helping" and another told us, "Its 100% choice for the client, you always ask their permission it is about choice".

Records showed people had consented to their care plans, the administration of medicines and to staff seeking medical assistance on their behalf if this was required.

The provider had sought advice and training from a lead national organisation for the MCA. This had enabled staff to gain confidence and skills in the legislation and its purpose of protecting people's rights that they had carried through into their everyday work. Staff understood that people had the right to make decisions. Where staff were concerned someone lacked capacity to make a specific decision, mental capacity assessments and best interests decisions had been made in accordance with the principles of the act.

People were supported at meal times to access food and drink of their choice. One person told us, "They come in four times a day and cook my meals for me". Another individual said, "They always make me a cup of tea and have a little chat with me". The support people received varied depending on their individual circumstances. Some family members prepared meals and in other cases, care workers prepared or reheated meals. Care staff involved in the preparation of food told us they would always ask the person what they wanted. One said, "We always ask them what their favourite foods are and any dislikes. For example, some people like fish and chips on a Friday". Some people had special diets because of swallow issues such as soft or pureed meals and thickened drinks. Staff were aware of the guidance for these people and followed it to minimise the risk of the person choking.

People were supported to access the health care they needed. One person told us they had been feeling under the weather and the staff had called their GP to visit. Staff worked with a range of health care professionals to support people such as occupational therapist or the district nurse. One staff member said, "We find out if there is anything we can do to help". Care plans also contained information about specific health care conditions such as stokes osteoporosis, anaemia, cellulitis, Raynaud's, scoliosis and memory loss so that staff could easily read and understand people's diagnosis, risks and signs or symptoms to be aware of.

Good

Is the service caring?

Our findings

We received a range of positive comments about the caring nature of staff including, "Do they treat me with respect and dignity, most definitely" and, "All the staff are very pleasant" and, "It's a pleasure to have them in my home" and, "I'm very happy indeed with my care" and, "The carers are absolutely great".

Staff knew people well. They described what the people enjoyed and also things that made the people worried or anxious. The provider ensured people knew their care workers wherever possible. For example, staff told us that they were often accompanied by a member of the management team on first visits so that they could be introduced to the person. People told us that that staff, who were not regular, always introduced themselves and explained what their role was. One person said, "I usually get the same people, and if not they always introduce themselves".

Staff understood what was important to people and supported them in a caring and compassionate way. Staff told us about how they had helped one family identify respite options, and supported another individual to attend their coffee club by ensuring their care times were early enough. One person liked to chat about cricket so they were supported by a care worker who also liked cricket so they could discuss matches.

Staff explained how they respected people's privacy and dignity for example one care worker said, "Always shut the curtains and doors" and others talked about making sure people felt dignified during personal care support by covering them with a towel and making sure everything they needed was ready before they starting supporting the person.

People's daily record reflected a caring approach with comments such as, 'Woke up gently', 'Quite upset, gave reassurance', 'Had a chat' and, [The person] looks very happy now'. Care plans also reflected a caring approach with one saying, 'Be patient, engage in conversation and reassure [the person] when they are feeling low'.

Staff checked with people whether they had a preference for the gender of their care worker. We saw people's preferences were flagged on the computer system to ensure their wishes were respected.

Good

Is the service responsive?

Our findings

Most of the people we spoke with told us they were very happy with the daily and weekly care they received. One person said, "They are very good, always on time", a second individual told us, "If they are late, somebody always lets me know" and a third person commented, "I've only been with them a few months, but I know them all already".

People's needs were assessed before their support started. This ensured staff were confident about what help or support the person needed. Staff told us they only took on new people when they were sure they had capacity to provide the package of care needed. One said, "I don't like to take the risk of not being able to cover people's calls".

Assessments were used to develop plans for different aspects of people's care needs. One person's care plan asked 'What is working well' and, 'What are you main difficulties or concerns'. This made sure the person's strengths and difficulties were identified and that staff understood what the individual wanted to happen. For example, one person had identified that, 'I would like to live comfortably in my own home'. We talked with staff and they told us about how they supported this individual to remain at home. They knew the person well including their likes and preferences, and anxieties and explained to us how they made sure the person was safe and happy.

Care plans covered a range of areas including people's need for support with washing and dressing, nutrition, their memory, religious, cultural, social needs and communication, any risks, and support with finances. Staff told us care plans were easy to follow and that they had enough time allowed to read them. One commented, "We need to check it because things may have changed, the information is very easy to find". Care plans were person centred and included small touches that were intended to make sure the person was well cared for. For example, one person had extensive daily support from staff and to make sure they were comfortable plans prompted staff to make sure the person had their phone, lifeline button and a fresh drink within reach before they left the property. Their plan also said, '[The person] likes to have three pillows behind their head and one under their feet'.

People received a weekly rota so that they knew who would be supporting them and what time they would arrive. Reviews of rotas showed that people were supported by regular and small teams of care workers. Where people required calls at a specific time such as because of a time critical medicine or if they were going out the computer system highlighted this to office staff so their rota could be planned accordingly.

Staff completed daily records of the care and support they provided for people including areas such as personal care support, eating and drinking and the individual's emotional and physical well-being.

Staff promoted people's independence, recognised social isolation and acted on it wherever possible. One person wanted to attend a day centre but was struggling with travel sickness. Staff thought of different solutions such as using a taxi and also contacted the person's GP to see if travel sickness medicines might help. Another person had reduced abilities following a stroke. A care worker explained how they helped the

person including supporting them with their physiotherapy exercises.

People's needs were regularly reviewed to make sure they received the right support. One care worker involved in reviews told us, "We always ask how things are, how things are going and whether they have any concerns". A person had commented on their review saying, 'Carers are all very nice. I get on well with them. Times of calls are okay. Call in the morning is later now which is good. Helpful, kind staff helping with everything that is needed. Carers ask me what I would like. Nothing Horizon could do to improve that I can think of'.

There was a procedure in place to make sure complaints and concerns were investigated and resolved. Most people told us they knew how to make a complaint about the service and felt confident about asking the staff questions concerning their care. One person told us, "What's there to complain about, absolutely nothing." And another person said, "I'd certainly know how to make a complaint, but up to now it's been wonderful." One person told us about a situation they had experienced and commented that staff had not responded promptly. We drew this to the attention of the registered manager following the inspection.

Good

Is the service well-led?

Our findings

People told us they felt the care and office staff were approachable. We received a range of comments including, "Everybody from the staff to the manager is wonderful" and, "I feel I can ask the carers anything" and, "If there's something they can't answer, they will always ask somebody else and come back with the answer".

People received telephone calls from the management team to see how things are and to generally ask about the service they were providing. One person, who had been using the service for about a month, told us a senior carer had also been calling every week to check how they were feeling about the package they were receiving. A relative told us they were kept well informed about their family members care and felt involved about making decisions about their welfare.

Feedback had been sought from people about their experiences of care through surveys carried out in July 2016. These covered areas such as people's care and care workers, making a complaint and the service received from office staff. The responses were largely positive with people stating that care was delivered in the way they wanted it to be, by staff who they were happy with. One survey commented, 'All the staff always have a smile and time for me' and another stated, 'Generally staff are friendly, kind and efficient and I really appreciate the service provided. Thank you all'.

Care workers described an open, transparent culture and told us they felt part of a team. Care workers commented on the office staff and management team including, "We have full support from the office. All of them are available for us and there is a good relationship" and, "The office management is fine, there is good teamwork" and, "Very supportive".

Staff told us they had regular staff meetings and one said, "It's always very free for us to speak up, it's an open conversation". Care workers told us they were listened to and that there suggestions or concerns were acted upon promptly. One care worker told us about a person who wanted to access the community. They said, "The client wanted to go out". They explained how staff had investigated options and that they now accompanied the person to go shopping or out for a coffee. Staff surveys sought ways of improving the service with questions such as, 'Do you have any suggestions or ideas which would help Horizon Home Care improve'.

Staff learned from incidents to improve people's experiences. For example, there had been a missed visit for one person in 2016. This was due to communication issues following their discharge from hospital. As a result staff changed practices and put in extra safeguards for people being discharged from hospital to reduce the likelihood of this happening again.

There was system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, incidents and accidents and staff records. Records showed these identified issues and actions which had been completed.