

Horizons Care Limited

# Horizons Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Horizons Care Limited is a domiciliary care agency. They provide personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 3 people were receiving personal care.

### People's experience of using this service and what we found

Risks to people had not always been assessed or mitigating strategies recorded. However, people told us they felt safe with the support they received.

Medicine management required improvement to ensure people received medicines as prescribed.

Oversight of the service required improvement. We found no evidence of systems and processes being in place to audit records or check all information was up to date, factual and relevant.

People's needs were assessed before they started to use the service. Care plans held information regarding people's needs, likes and dislikes. However, care plans required more person centred information within them to support new staff to understand and get to know people and their needs.

People were supported by staff who knew them well and were kind and caring. Staff received training to ensure they had the skills and knowledge to support people.

People were supported with any communication needs they have. Care plans included how a person communicated and any aids that were required to facilitate effective communication.

People were protected against abuse. Policies and procedures were in place and staff were trained and understood how to recognise and report any potential abuse. Injuries were recorded and actions taken when appropriate.

Staff felt supported by the registered manager and were able to raise any concerns they may have. Staff told us the registered manager listened to them and they felt valued at work.

People had their health needs met as required. Staff supported people to access health appointments or shared information with their relatives for them to arrange any appointments or referrals, when appropriate.

People and relatives were positive about staff that supported them and regarding the management of the service

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests. Policies and systems in the service supported this practice.

Staff worked well with professionals from other agencies such as other care agencies, district nurses, speech and language therapists and GP's.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 5 August 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk assessment, medicine management and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Horizons Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 November 2022 and ended on 10 November 2022. We visited the location's office/service on 7 November 2022.

#### What we did before inspection

We reviewed information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 19 October 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 1 person who used the service and gained feedback from 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the registered manager and care workers.

We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Not all risks to people had been assessed. We found 2 people had missing risk assessments and mitigating strategies for known risks. This meant staff did not always have the information to ensure people were kept safe.
- Medicine management required improvement. When people were prescribed 'as required' (PRN) medicines, protocols were not in place to document when, why and the dosage of medicines should be given. Staff had not documented the reasons for administering the PRN medicines.
- Medicine administration charts (MAR) did not always contain sufficient information. We found 1 person's MAR did not have the dosage of a medicine recorded, the frequency of another medicine was not documented and there were 7 days when another medicine had not been signed to evidence it had been administered. This put people at risk of not receiving their medicines as prescribed.

We found no evidence of harm. However, the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People and relatives told us they always knew which staff were coming and had no concerns with staffing levels. One relative said, "We always know which member of the team is coming."

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Systems and processes were in place and staff received training, understood the signs of abuse and how to report any concerns.
- Body maps were completed when a person sustained any injuries. The registered manager understood their responsibility to investigate and mitigate any unexplained injuries.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.

- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up to date infection, prevention and control policy in place.

#### Learning lessons when things go wrong

- The registered manager analysed incidents and accidents as well as information from staff and people regarding changes to people's needs. We found evidence of lessons learnt and actions taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. People and relatives told us they were involved in care planning. One relative said, "The 'live in care' approach was clearly thought out and changes in staff or hand-over happened every two weeks so that it was not too unsettling for [person]."
- Staff were matched with people to ensure their holistic needs could be met. One relative said, "The [registered] manager took time to get to know [person] in the initial review and worked hard to match a suitable carer."
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had received sufficient training to meet their needs. Training included: manual handling, dignity and respect, infection prevention and control, food hygiene, equality, dementia, mental capacity act and health and safety
- Staff told us they felt supported by the registered manager. One staff member said, "The [registered] manager visits often, and I receive regular supervisions."
- Staff received an induction, training and detailed handover information for each person they supported, before lone working.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People did not have health passports completed. A health passport can be used by health and social care professionals to support them in the way they needed. The registered manager agreed to implement these immediately after the inspection.
- When people needed referring to other health care professionals such as GP's, occupational therapists or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.
- People's oral health records evidenced staff supported people appropriately with any oral hygiene needs they may have.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently. One staff member told us, "I ask [person] for consent before completing a task and let them know step by step what I am about to do, I do involve them in decision making about their care."
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who they knew, and who knew them well. People were aware of which staff member was supporting them each time. One relative told us, "We have a regular group of carers who have built up good relationships with us and [person]."
- People and relatives were consistently positive about the staff. One relative said, "As a family, we felt that the carers that worked with [person] cared not only for [person], but for us as well and were embraced as part of a family." Another relative said, "[Staff are] attentive, caring, responsible, fun and kind."

Supporting people to express their views and be involved in making decisions about their care

- People and significant people to them were involved in every aspect of their care and support. One relative said, "They [staff] are flexible in working with the family and [person] and always listen and respond to feedback and suggestions."
- Care plans were completed with people or their relatives. Care plans were signed to evidence people, or their relatives agreed to the contents.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and promoted independence. One person told us, "Staff are respectful to me."
- Staff told us they promoted people's independence. A staff member said, "people are supported to take positive risks when appropriate by [staff] taking time to plan an activity after assessing risks and what-ifs." Another staff gave us examples of how and when they promoted a person's independence.
- Staff understood people's right to privacy and dignity. One staff member said, "I always close all windows, curtains and doors before assisting I always leave [person] when they are using the toilet." Another staff member told us, "I always knock and ask [person] if I can start."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans required more person-centred information to support staff to understand a person's needs, wants, wishes and outcomes. However, care plans contained information on the person's likes and dislikes. Staff told us they knew people well and understood people's needs and had time to read and understand care plans and risk assessments.
- Care plans had been completed with the involvement of people and when appropriate their relatives. One relative told us, "We have been involved at every stage of the care plan. [Registered manager] keeps in regular contact and adapts, amends and checks the plan with us according to [persons] progressive needs.
- Relatives we spoke with praised the service highly. One relative said, " At a very stressful time, it was good to know that there was a company that really cared about the welfare of [person] and their members of the family were involved. This culture was at the heart of the company driven by [registered manager] who was outstanding in the service and attention to detail."
- The staff met the needs of people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. The registered manager understood the need to make sure people had access to the information they needed in a way they could understand it, including the use of easy read, large print or translating into another language.
- Care plan contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and relatives and staff knew how to complain. There were no complaints at the time of inspection. The registered manager understood the need to respond

appropriately and to keep records of actions required.

- People, relatives and staff knew how to raise concerns and complaints and had confidence these would be dealt with in a professional manner.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager was in the process of gaining information from people and their relatives on their wishes and needs relating to end of life care and support.
- If anyone required end of life support the registered manager would ensure all staff had support and they would liaise with the appropriate health care professionals.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were not in place to audit medicine records to identify any issues or concerns.
- Systems and processes were not in place to ensure risks were identified and managed for each person.
- Systems and processes were not effective to ensure the registered manager had oversight of the governance of the service. We found limited audits or reviewing of written documentation.

We found no evidence of harm. However, the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear in their roles and understood what the provider expected from them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was visible and available within the service, approachable and took a genuine interest in what people, staff, relatives and other professionals had to say. The registered manager worked directly with people and led by example.
- Staff spoke highly of the leadership and management of the service. One staff member said, "The [registered] manager is very approachable, supportive, listens to concerns and visible in the service. Another staff member told us, "The [registered] manager is doing very well in supporting both the service user and carers."
- The staff team knew people's individual needs and ensured good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly engaged with people, relatives and staff to gain their views on the service. However, the registered manager was in the process of investigating other means of gaining

feedback that allowed people, staff and relatives to remain anonymous if preferred.

- Staff were kept up to date on any changes or updates through team meetings, handovers and other communication systems.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service.
- The registered manager was open and transparent throughout the inspection and implemented changes based on the feedback given.
- The staff worked well in partnership with other health and social care organisations, which helped to improve the wellbeing of the people they supported.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider failed to ensure the safe administration of medicines had been completed.</p> |
| Regulated activity | Regulation   |
| Personal care      | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided</p>   |