

New Horizons Management Services 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

New Horizon's Management Services Ltd provides personal care support to people in their own home. Care and support was provided to both adults and children. 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 our inspection, two people were using the service.

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

The provider's quality assurance framework did not consistently identify shortfalls or recognise how improvements could be made. We have made a recommendation for improvement.

People and their relatives told us they were happy with the standard of care and support they received. One relative told us, "I would recommend the service." People and their relatives felt the service and staff provided safe care. People received care from consistent staff members who knew and understood their care needs well. There were enough suitable staff to cover all the care visits. Staff understood their responsibilities for safeguarding adults and children.

People's care needs were assessed before they started to use the service. People were supported by staff who received a full induction to the service. Relatives felt staff were skilled and competent. Staff spoke highly of the support they received from the registered manager. A programme of supervisions, spot checks and appraisals took place to ensure staff were well supported. People and staff were encouraged to offer feedback on the service and how it could be improved.

Procedures were in place to reduce the risk of infections and staff had regular access to personal protective equipment (PPE). Staff had received training on infection control and COVID-19 and had access to a range of infection control policies and procedures. People and relatives spoke highly of how staff had worked during the pandemic and managed the risks associated with COVID-19.

People had a person-centred care plan which was reviewed regularly to ensure their needs were met. People told us they knew how to make a complaint if they were unhappy with the service. People had access to information about the service in a format that met their needs. People and staff found the registered manager to be approachable. The registered manager was aware of their requirements in line with their CQC registration.

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; the policies and systems in the service supported this practice. Staff treated people with dignity and respect. People's privacy was respected by staff and staff understood the importance of promoting independence with day to day tasks.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating

This was the first inspection of the service since they were registered with us on 21 September 2017

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

New Horizons Management Services Ltd

Detailed findings

Background to this inspection

The Inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was conducted by one inspector.

Service and service type

New Horizon's Management Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology. Inspection activity took place on 20 and 28 September 2022.

What we did before the inspection

We looked at all the information we held about the provider, which included information they provided us when they were registered. 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 sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with one person who used the service, one relative, two staff members and the registered manager. We reviewed a range of records. This included two staff files in relation to recruitment and staff supervision and two care plans and risk assessments. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibility to protect people from the risk of potential abuse.
- The provider had a safeguarding policy and processes in place to guide staff on how to keep people safe from harm. Staff completed safeguarding children and adults training. The training provided them with enough information to identify abuse and take action to reduce the risks of harm. One staff member told us, "Safeguarding could be physical abuse, financial or verbal abuse."
- The registered manager understood their responsibilities in reporting concerns about people's safety and welfare to appropriate safeguarding authorities.

Assessing risk, safety monitoring and management

- People and their relatives told us that they felt safe receiving care from New Horizon's Management Services Ltd. One relative told us, "100%, they are safe in the hands of the staff members."
- Arrangements to enter people's homes were clear to ensure safety. Staff understood the importance of leaving a person's home safe and secure following a care call. One relative told us, "They always leave the property in a safe manner."
- Risks to individuals and staff were identified and well managed. Risk assessments covered areas including falls, diabetes, choking, personal care and mobility. Further work was required to ensure documentation clearly reflected the actions taken by staff to keep people safe. We have further reported on this in the 'Well-Led' section of the report.
- Environmental risks were assessed, monitored and recorded. These concerned risks associated with fire safety and electrical appliances within the home. Risks associated with lone working were also assessed and mitigated. For example, whether the person's property had ample parking, or any risks associated with the route to the property.

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. The provider carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.
- People received care from the same staff members. Rotas were sent to people a week in advance confirming the times of the care call. One relative told us, "We receive support from the same care worker as continuity of care is really important and something we appreciate. We are always informed if the care worker is running late and if they do run late, they always make up their time at the end of the call."

- There were sufficient staff to provide people with the level of support they required. Whilst people received care from consistent staff members, in the event of staff sickness or annual leave, alternative cover could be arranged through other staff members employed by the registered manager.

Using medicines safely

- At the time of our inspection staff were not administering any medicines. However, care plans included information and risk assessments for people who self-administered their medicines. Medication policies and procedures were in place and staff had received training on medicine administration.

Preventing and controlling infection

- There were systems to help prevent and control infection. These included policies, procedures and training for staff.
- People using the service and their relatives told us staff members wore personal protective equipment (PPE) such as gloves and masks, and had good hygiene practices, such as hand washing. Staff told us they had enough PPE.
- Relatives praised the services management of infection control. One relative commented, "They have managed COVID-19 well and not just COVID-19, infection control. My loved one has a health need, whereby infection control is very important. It is clear that staff have had training and that comes across in how they manage infection control. During the pandemic, often staff travelled on public transport, I asked them to change their clothes when they arrived for the care call which they did. They have been great. I cannot praise them enough. I can't find a company like this."
- The registered manager carried out checks which included observations to help make sure staff were following infection prevention and control procedures.

Learning lessons when things go wrong

- There was an accident and incident reporting policy and procedure detailing how to respond in such an event.
- The registered manager told us there had been no incidents since the service starting operating. However, they explained if there were any incidents these would be recorded and investigated, so all involved could learn and try to prevent in the future.

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

- Needs assessments were undertaken in line with national good practice guidance. Prior to people receiving a service the registered manager met with the person and their relatives to assess their needs and identify the level of support they required.
- Information relating to people's health and medical needs, routines, likes, dislikes and preferences was obtained during the assessment process and used when writing the care plan. Care plans covered topics including oral health, social wellbeing and religious and cultural beliefs. People and their relatives told us they had been involved in this process and felt they had been listened to.

Staff support: induction, training, skills and experience

- Staff received an induction before they started working and providing care. This included a range of online and face to face training, alongside competency assessments and shadowing care shifts. For staff new to the care industry, they were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff spoke highly of the training provided. One staff member told us, "Every year we have refresher training on core mandatory subjects, such as safeguarding, mental capacity and first aid. It's really helpful in providing a refresher and ensuring our knowledge is up to date."
- Specialist care and support was provided to people living with diabetes and a young person living with a PEG (percutaneous endoscopic gastrostomy). Some staff were completing training on diabetes and PEG care, however, not all staff had completed subjects in these key areas. Whilst only a small team of staff provided care to people living with these specific health care needs, and those staff members were completing training, specialist training had not been delivered to all staff employed. We have further reported on this in the 'Well-Led' section of the report.
- People and relatives felt staff were skilled and competent. One relative told us, "The staff member who supports my loved one is great at their job, they are skilled and competent." One person told us, "The staff member who supports me, has a good understanding of my health needs and how best to support me."
- Due to the individual care needs of one person using the service, any new staff were introduced to the person beforehand. They also shadowed experienced staff members and received an induction from the person's relative. The person's relative told us that due to the complexities of their loved one needs; it was vital staff were introduced beforehand so that the person could get to know them and ascertain how best to support them. The person's relative told us, "The continuity of staff has been? amazing. We've had the same staff member for a number of months now and it really helps."

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

- Where required, staff supported people with eating and drinking. Where people were at risk of choking, staff understood how to mitigate that risk and provide safe support. One staff member told us, "It's really important that the person is sat in the right position and supported with one spoonful at a time. First aid training was really helpful in providing guidance on what to do during a choking incident."
- People's dietary needs were known and met. This included their likes, dislikes and any known food intolerances or allergies.
- Eating and drinking care plans were in place which documented where people required assistance and how people required that assistance. For example, one person required staff to leave a flask of tea and water jug within easy reach so that they could make drinks independently when staff members were not present.

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

- People were supported to access the health and social care services they needed. Where required, staff supported people to attend hospital appointments or GP appointments.
- Records showed that people's health needs were identified, and staff were provided with guidance on how to enhance people's well-being. Information was available regarding the specific health conditions people had and how it affected people's everyday lives.

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.

- Staff were aware of and had received training on the MCA. Staff recognised the importance of offering choices and involving people in decisions about their care and respected decisions made. Due to the age of one person receiving care, the MCA was not applicable. Staff appropriately involved the person with parental responsibility and who had the legal authority to make decisions on the person's behalf.
- Policies and procedures were in place relating to MCA. People and relatives confirmed that staff always asked for permission and consent before providing care.

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 treated with kindness and respect. People and their relatives told us they had developed positive relationships with staff who knew them well and were caring in their approach.
- Social wellbeing care plans were in place which provided guidance on how staff could promote people's wellbeing alongside the signs that the person may be becoming withdrawn. One person told us, "We always have a good chat and we get along really well."
- Care plans demonstrated that people's diverse needs were considered, and staff had the information they needed to support people in the way they preferred. Care plans included information on people's life histories and what they wanted to achieve. One person's care plan clearly reflected that maintaining their independence was an important factor within their life.
- Staff were respectful of the people's cultural, spiritual and religious preferences. Their care plans detailed any specific support they required in relation to their religion or spirituality. One staff member told us, "One person is spiritual, and they have taught me about meditation and now we meditate together."

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

- People and their relatives were able to express their views and make decisions about their care. Care plans were created with the person and they had signed their agreement to these. Care plans reflected what was important to the person. For example, one person's care plan reflected the importance of them feeling valued and respected when receiving care.
- Staff understood the importance of supporting people to make day to day decisions about their care. This included decisions around what to wear and how they wished to be supported. One staff member told us, "I always talk through what is happening. I also always give choices to promote independence and understanding. If I show the person their jacket, they know that means we are going out."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They told us staff provided care in a personalised way, in private and respected their dignity. One relative told us, "They are very good at promoting dignity. For example, ensuring the door is shut when personal care is being provided."
- People were supported to be independent where they were able. They told us staff allowed them to do things for themselves and we saw care plans recorded what people were able to and wanted to do for themselves.

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: 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

- People received care which met their needs and reflected their preferences. People and their relatives told us that they were happy with the care provided. One relative told us, "We've been with many care companies and this one, they listen to us, make changes and management are very supportive."
- The registered manager met with people and their relatives to assess their needs and plan their care. Care plans were personalised and included information about people's wishes and preferences. Information was also recorded on people's aspirations and goals they were working towards.
- People's needs were regularly reviewed, to help ensure appropriate care was in place. The registered manager undertook regular care plan reviews to ensure that people's packages of care remained fit for purpose and met people's changing needs.
- Where required staff supported people with accessing the local community and partaking in activities that were important to them. Staff supported people with going to the local park, library, shops or events near their home.
- Staff also utilised technology within people's own homes to support them with activities and hobbies. For example, staff worked with one person during their care call to access their tablet and engage with activities on their tablet.

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 included their communication needs and how best to achieve effective communication. Care plans included information on sight, hearing and whether any communication aids were required.
- Where people were living with sight impairment, care plans provided detailed guidance on how to support the person and what technology was available within the person's home to aid independence.
- Where required, care plans were made available in alternative formats. The registered manager told us, "For one person we have made a summary of their care plan available in braille."

Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. Nevertheless, relatives knew how to

make a complaint and felt should they need to make a complaint that these would be listened to and dealt with.

End of life care and support

- At the time of our inspection the service was not supporting anyone who required end of life support.

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: continuous learning and improving care

- Quality assurance checks completed by the provider were not always effective at identifying improvement or recognising shortfalls.
- The registered manager completed care planning audits. These audits considered if risk assessments were in place and whether the care plan had been fully completed. Whilst quality assurance checks were in place, further work was required to ensure these checks identified shortfalls with documentation and how improvements could be made. For example, care and support was provided to one person with a PEG (percutaneous endoscopic gastrostomy). Whilst staff were not responsible for PEG care, staff did provide support with personal care. Care planning and risk assessments failed to include guidance on the signs and symptoms that the PEG site might be infected or blocked. The care plan lacked guidance on how to safely wash the PEG site or when staff might need to escalate concerns to the individual's parents.
- Following each care call, staff members completed a care log documenting what support was provided during the care call. The registered manager told us that they regularly reviewed these logs to ensure staff were arriving on time and staying the allocated length of time. However, regular reviews of these logs failed to identify that the language used by staff was often task oriented and not person centred. For example, the care log for one individual used language including, 'fed' and 'changed their nappy.' We brought these concerns to the attention of the registered manager to address.
- People received care from consistent staff members who knew them well and understood their care needs. These staff were in the process of receiving specialist training around PEG care and diabetes. However, not all staff had receiving training on these key topics. Therefore, in the event of a staff member being unable to cover a care call, alternative staff had not received training in these key areas. Whilst the registered manager took steps to address this concern during the inspection, the provider's internal quality assurance system failed to identify this shortfall.

We recommend that the provider seeks guidance from a reputable source on how to operate and implement an effective quality assurance framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were regularly asked for their feedback on the running of the service. Customer surveys; employee surveys, spot checks, telephone monitoring and care plan reviews all provided people and staff

with a forum to give their views and provide feedback. Feedback from people was positive and was used to drive continuous improvements in the service.

- Staff, people and relatives spoke highly of the registered manager. One relative told us, "Management is very good, especially the manager, always listens to me." One staff member told us, "The manager has an open-door policy. She listens to our ideas and suggestions and wants us to develop and grow as staff."
- People were consulted about their equality characteristics and these were recorded in their care plans for staff to be aware of and understand. People and their relatives confirmed that staff had a good understanding of their needs and what was important to them. One relative told us, "They have a good understanding of my loved ones needs."
- Staff meetings were used by the management team to share important information and discuss any issues. Topics discussed included care plans, COVID-19 and incident and accidents.
- The registered manager kept updated with best practice and new guidance to ensure the service met good standards. Staff confirmed they received regular training and information about changes with government guidance to ensure they were updated.
- The registered manager had a clear vision about the standards required to maintain a high-quality service. They had a very good understanding of people's needs and focussed on being a visible and approachable presence for people, relatives and staff. The registered manager told us, "I want people to feel safe, empowered and motivated."

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: working in partnership with others

- Staff told us they were clear about their roles and responsibilities and who they reported to. The registered manager regularly checked in with staff both formally and informally to ensure they were well supported.
- The registered manager was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.