

Care Horizons Limited

Care Horizons Limited

Inspection report

Unit 7
Badminton Court, Station Road, Yate
Bristol
BS37 5HZ

Tel: 07545899133

Date of inspection visit:

05 April 2023

06 April 2023

12 April 2023

13 April 2023

Date of publication:

14 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Care Horizons Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 25 people using the service. Only 2 people were receiving support with personal care.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support:

People received the support they needed to keep them safe from risk of harm and meet their needs. Staff understood their responsibilities in respect of safeguarding. Procedures were in place to protect people from potential abuse and harm. People were supported to take their medicines safely.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff recruitment required improvement. We found the provider had not always followed safe recruitment procedures, which included reviewing past work history. Not all staff had completed an application form. We found no evidence that people had been harmed.

There were sufficient staff to support people with their care and support needs. Recruitment was ongoing and no new packages of care would be commissioned unless sufficient staff were available to support the person.

People had individual plans of care based on their needs and wishes. These were reviewed with the person to ensure the care was appropriate. Staff provided personalised care and support, enabling people to continue to live in their own homes. Relatives spoke positively about the support that was being provided.

Right Culture:

The governance systems in place did not always ensure all documentation was in one central place to demonstrate staff had been recruited safely. Where audits had been completed it was not clear what had been checked and what action had been taken to address the gaps or missing documentation in respect of staff recruitment.

The provider promoted a positive culture, staff felt supported and there was evidence of regular communication with staff, people, and their relatives. Staff spoke positively about the support from the management team.

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

Rating at last inspection and update

The last rating for this service was good (published 8 August 2018).

Why we inspected

We undertook this focused inspection due to the length of time since the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Horizons Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We recommend the provider reviews their processes for the oversight of records relating to the safe recruitment of staff.

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?

Good ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Care Horizons 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 carried out by one inspector.

Service and service type

This service 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

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 5 April 2023 and ended on 13 April 2023. We visited the location's office/service on 12 and 13 April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 1 person receiving a service and 2 relatives about their experience of the care provided. We spoke with 3 team leaders, 2 care workers, the deputy manager and the registered manager. We sought feedback from 3 health and social care professional about their experience of working with Care Horizons.

We reviewed a range of records. This included 2 people's care records. We looked at 5 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff that were providing a regulated activity had checks completed prior to working with people. This included seeking 2 references and a disclosure and barring service (DBS) check. The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- However, one member of staff had been working for a period of 13 days prior to their DBS being received. After the inspection the registered manager sent us a risk assessment that recorded the rationale and what measures were in place to ensure people were safe whilst they were waiting for the DBS.
- Recruitment was ongoing. People would only commence a service once suitable staff were appointed. Shadow shifts were completed where new staff worked alongside team leaders as part of the safe recruitment process to ensure they were suitable.
- The service used an electronic planning system. This enabled the management team to monitor visits to people to ensure staff arrived on time and stayed for the full duration of the support visit.
- Staff and the management team told us they tried to cover any absences with regular and familiar staff to ensure continuity. Staff confirmed that they covered any absences to ensure continuity for people and worked well as a team. A member of staff told us, "We don't use agency we cover flexibly to ensure the person receives the care they need".
- People were cared for by suitable numbers of staff based on the service that was commissioned by the local authority. The provider told us they only commissioned services that were more than 2 hours in duration. Some people received 24-hour support within their own homes.
- Relatives confirmed there was enough staff to support their loved ones. They confirmed there had not been any missed visits and staff stayed for the full duration of the support call. From talking with one person, it was evident they received care from staff they knew and liked and they had built a positive relationship with them.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff knew what to do should they suspect abuse. Policies and procedures were in place to guide staff on what constituted abuse. A member of staff said, "If we see it, hear it we report it". Staff had confidence in the management team at all levels to act on the information shared with them.
- Relatives said they felt the service was safe. A relative said, "I am happy for staff to take (name of person) out. I have no concerns, yes it is safe", and another said, "Absolutely safe. (Name of person) loves all the carers and will go to any of them if has any concerns".
- Systems were in place to monitor any safeguarding referrals, the investigations, and the outcomes. These were held electronically, and the registered manager could monitor in real time.
- Alerts were sent to the registered manager of any accidents and incidents enabling them to ensure

appropriate safeguards were put in place. There were no ongoing safeguarding concerns at the time of the inspection in relation to the people receiving the regulated activity of personal care.

Assessing risk, safety monitoring and management

- People were kept safe. Systems were in place to ensure information was gathered before people started with the service. A member of the senior management team met with people, their relatives and liaised with the funding authority to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks and any support needed.
- There were clear risk assessments in place to keep people, staff and others safe. These had been devised in conjunction with health and social care professionals and included supporting people both in their home and the local area. Protocols were in place to guide staff on the management of any health conditions such as epilepsy.
- Staff completed training in health and safety, including first aid and moving and handling with annual updates.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. At the time of the inspection there was no one subsection to a legal authorisation to deprive a person of their liberty. From talking with staff, the registered manager, and relatives it was evident people were involved in decisions about their care.
- Staff had completed training in mental capacity and were aware of the importance of involving people and their families in making decisions about their care and support.
- Care records included information on how to support people with making decisions about their care. Where people needed support in making important decisions, independent advocacy services were commissioned. An advocate is a service that understands people's rights, enables people to express their views and wishes, and helps make sure their voice is heard.

Using medicines safely

- Systems were in place to ensure this was done safely should people require support with their medicines. This included policies and procedures, clear information in people's care plans on the support the help they needed with their medicines.
- Staff had received training in medicine administration. This was updated annually.
- People's medication records could be accessed remotely by the office staff to enable them to be monitored in real time as these were electronic. An alert was sent to the office where there was an omission enabling the registered manager to follow this up with immediate effect. Where there was a change in people's medication, records could be updated remotely by the senior management team.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- Staff had access to personal protective equipment (PPE) and had received training in infection prevention

and control. Staff told us they would continue to wear masks where a person was vulnerable, and it was the person's preference for this to be worn.

Learning lessons when things go wrong

- There had not been any incidents that would require any lessons learned process. Systems were in place to monitor accidents, incidents, complaints, and any safeguarding alerts.
- Any changes required to care planning documents were implemented and communicated with staff. This included communicating with the person and their family.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant governance arrangements were not robust.

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

- Improvements were needed to ensure all recruitment information was available to demonstrate staff had been through a safe recruitment process. This was because some information was missing in the individual electronic staff files, such as references and application forms and individual staff recruitment risk assessments. Some of these were held on the registered manager's computer and were sent to us after the site visit. This therefore made the staff files difficult to navigate and to evidence a thorough recruitment process had been followed for new staff.
- The provider had audited staff files in November 2022 and February 2023. The audit stated staff files reviewed and gaps identified but this did not state, which files were looked at or what was missing.

We recommend the provider reviews their governance arrangements for the oversight of records relating to the safe recruitment of staff.

- Assurances were provided that improvements would be made. A new audit tool was devised by the second day of the site visit to make the necessary improvements to ensure all required documentation was in a central place prior to staff working with people.
- The senior management team were reviewing all electronic records to ascertain what documentation was inaccessible from the IT outage that had occurred the week before the inspection. Some information was sent after the inspection feedback, in respect of staff recruitment risk assessments and staff applications as these could not be found during the site visit.
- There were systems in place to monitor the quality of the service provided to people. This included reviewing and monitoring care, having oversight of staff training and care records.
- Team managers frequently worked alongside staff supporting people so were able to assess competencies and had oversight of their abilities but acknowledged that they did not always document this. Staff received regular supervision and felt supported by the management team.
- The provider had commissioned an external company to review the quality of the service and drive improvements.

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

- The management team were passionate about delivering care and support to people enabling them to live independently or with their family. Staff told us about how they worked with the person to deliver care that was based on their wishes and aspirations.

- Relatives spoke positively about the service. Comments included, "Very happy, X absolutely loves it, and is always active and doing something" and "Good, cannot fault it". A person visiting the office spoke very positively about their care and support and told us about the activities they were planning with their staff team.
- Staff spoke positively about working for the company and the relationships they had built with the people they supported. They felt valued and listened too. One member of staff said, "I cannot imagine working anywhere else".

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 registered manager was aware where concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- Staff felt confident if they reported any concerns these would be acted upon.
- The rating of the service was clearly displayed in the office and on the provider's web site. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- From our discussions with relatives, staff and the management team it was evident people experiences were positive and they had achieved good outcomes. Partnership working and involving people was key to ensuring care was delivered in a personalised way.
- Staff and people's views were sought both informally and through annual surveys. We have recommended the provider completes an analysis of the responses, which could be shared with staff and people using the service.
- Regular team meetings were organised along with a quarterly newsletter to share with staff any updates.
- Staff confirmed they had regular contact with the management team either in person or by telephone. They also confirmed they could visit the office to meet with the management team at any time. There was an on-call system. Comments included, "Management brilliant", "Feel really supported" and "Very happy in my role".
- People were encouraged to visit the office if they were passing. One person confirmed they visited regularly. They told us they were involved in developing a social hub on the ground floor of the office building, which was opening to people in May 2023.
- The registered manager and the staff worked with health and social care professionals and other stakeholders in the person's care. We did receive mixed responses to how the service worked with professionals.
- A professional told us, "I have not had so much contact with Care Horizons lately but have always found them very responsive". Whilst another told us they had concerns in respect of how the service worked in partnership with them, the relative and the person. The provider and the management team were very open about the concerns and how they were supporting the person to express their wishes on how they wanted to live.
- The provider was a member of Care and Support West. An organisation that supports the care sector. They share initiatives and activity in the care sector with weekly newsletters enabling the provider to keep up to date with changes within the care sector.

Continuous learning and improving care

- Staff confirmed they had received regular training and updates. One member of staff said, "I complete training every month. The office sends us an email telling us what we need to complete". Another member of staff told us, "Training is really good, I am doing a level 4 in management to support me in my role". Systems were in place to monitor staff training and to ensure ongoing compliance.
- The provider was planning to open a social hub on the ground floor of the office hub. The plan was for people to have access to this area to socialise, learn new skills such as cooking, and skills needed for seeking employment. The management team felt this would be very beneficial to the people they supported.