

New Horizons (Gloucester) Limited

New Horizon Gloucester Limited

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?

Good ●

Summary of findings

Overall summary

This inspection took place on the 10 October 2016 and was announced. We gave the service notice of the inspection because it is small and the registered manager works part time. We needed to be sure that they would be in.

New Horizon Gloucester Limited is a domiciliary care agency providing care and support for two people in their own homes.

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

Risks to people's safety were identified, assessed and appropriate action taken. People's medicines were safely managed. There were sufficient staff for people's needs recruited using robust procedures. People were provided with individualised care and support by staff that knew their needs well.

People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were involved in the planning and review of their care and were supported to engage in activities or their choice.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. There were improvements to systems to check the quality of the service provided including questionnaires for people using the service, their representatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse and from risks associated with receiving care.

People were supported by sufficient numbers of staff who were recruited using robust procedures.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People's rights were protected by the correct use of the Mental Capacity Act (2005).

People's health needs were supported through access to and liaison with healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

People's independence was supported.

People's privacy and dignity was understood, promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support.

There were arrangements in place to respond to concerns and

complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was accessible to people using the service and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and support provided.

New Horizon Gloucester Limited

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 October 2016 and was announced. We gave the service notice of the inspection because it is small and the registered manager works part time. We needed to be sure that they would be in. The inspection was carried out by one inspector. We spoke with the two people using the service, the registered manager and two support staff. Following the inspection we spoke on the telephone to three members of staff and two relatives of the people using the service. We reviewed records for the two people using the service and checked records relating to staff recruitment, support and training and the management of the service.

Before the inspection the provider completed a provider information return (PIR) in April 2016. The PIR 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. Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Information given to us at the inspection showed all members of staff had received training in safeguarding adults. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service including contacting the local authority safeguarding team. Policies and procedures including contact details for reporting safeguarding concerns to the local authority were readily available for reference even when the office was closed. Staff were confident any allegation of abuse raised with the management would be correctly investigated.

People had individual risk assessments in place. For example there were risk assessments for cooking, moving and handling and refusing staff support. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People also had personal emergency evacuation plans. The registered manager described how one person was waiting for a further assessment of their moving and handling needs to ensure the correct equipment was used. In addition de-brief meetings were held of any incidents involving people using the service to check if any lessons could be learned from how incidents were dealt with.

People were supported by sufficient staff. The registered manager explained how the staffing was arranged to meet the needs of people using the service. Each person had a team of staff to support them. One person told us they received the right level of support the other person also confirmed this. One person received 24 hour staff support, the other person received support only during the day. The agency had contacted the local authority to increase the funded hours for one person to enable them to engage in activities. A response had not been received at the time of our inspection visit.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. People's care and support needs were being met by sufficient numbers of suitable staff.

People's medicines were managed safely. The provider information return (PIR) outlined the approach taken to support people with their medicines, "The service users keep their own medication and staff only administer this at their request as they are unable to do so due to their physical disabilities. Staff are aware that a service user may refuse to take their medication and will report this to the Manager. Staff has received the appropriate medication administration training and are assessed yearly as competent to administer the medication." One person told us "they always do my medicines in front of me so I can check them; I know how many I take." There was a procedure for administration of medicines for staff to follow. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example for pain. The registered manager carried out an audit of medicine charts each week.

Is the service effective?

Our findings

People using the service were supported by staff who had received training suitable for their role. Staff received training in subjects such as food hygiene, first aid and person centred planning. They told us they felt the training provided by the service was enough for their role and received regular training updates. One member of staff told us they preferred personally delivered training (which was how some subjects were presented) as opposed to computer based training. A robust approach was taken with ensuring staff were up to date with training. One member of staff told us staff were not allowed to work unless all their training was up to date. All the staff we spoke with confirmed their training was up to date. Arrangements were in place for the care certificate qualification for staff new to caring and supporting people. However the registered manager told us the approach was to recruit experienced staff who would be more suitable for meeting the needs of the people the service supported. People told us they thought staff were well-trained. People received support from staff of the same gender as their own; the registered manager described how this was considered the most effective approach given people's needs.

Staff were also supported through individual meetings with the registered manager called supervision sessions as well as annual performance appraisals. Staff told us they found the sessions useful and they were a way of ensuring a consistency of care to people. One staff member told us the sessions went "really well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Assessments had been made of people's capacity to consent to receive care and support such as personal care and support with taking medicines. One person had been assessed as not having capacity to manage their finances. Arrangements had been put in place for a family member to manage this. Staff had received training in the MCA and demonstrated their knowledge of the subject.

People's food preferences were recorded, one person enjoyed cooking with staff support. Another person liked to see staff cooking their meals. They told us how they would ask staff to position them so they could observe the staff member cooking and direct staff to their needs and preferences. They also had their preferences for meals suitable for their cultural background met. All staff had received training in food hygiene.

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. People confirmed they received support to attend healthcare appointments. One person told us "they take me to the doctor's and the hospital". People had support plans in place for their physical health which provided guidelines for staff to follow to support people with healthcare appointments.

Is the service caring?

Our findings

People received support from staff who used a caring approach to promote their independence. The provider information return (PIR) stated "Dignity and privacy is well respected by staff during personal care." One person told us staff were polite to them and added, "They look after me really well; they go over and above for me." "I know all my staff and when they are working so I can plan my day." They also told us they worked with staff "like a team" and added "I can talk to them about anything." The person was positive about the support they received from staff to meet their hair care needs specific to their cultural identity. A relative of one person told us "staff always seem polite." Staff looking after one person described a team approach to supporting them with positive outcomes. A relative of one person commented on the care the person received stating, "I am very happy with it."

People were supported to express their views and to be involved in decisions about their care and support. Records showed people were involved in the planning and reviewing of their care and support. Staff working with people were asked for their input when people's care plans were being reviewed. Information about advocacy services was available. People were aware of advocacy services and had lay advocates assigned to work with them if needed. Advocates are people who provide a service to support people to get their views and wishes heard.

Staff respected people's privacy and dignity. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered, doors were closed. One person told us staff "sometimes" knocked on the door before entering. Another person told us "they always knock on my door when they come in." They also told us they would have privacy from staff when receiving visitors. When we visited people in their accommodation staff left allowing us to speak with people in privacy. Staff had received training in dignity and respect. People received support exclusively from staff of their own gender.

People were supported to maintain some independence. The provider information return (PIR) outlined the approach taken to support people to maintain some independence, "The service users are encouraged to be as independent as possible in every aspect of their support from personal care to making decisions about what to eat and drink to what to do on the day." Staff were aware of areas where people could be independent and how they would support them. People were able to receive visitors without restriction and staff provided support to people to meet with family and friends.

Is the service responsive?

Our findings

The service provided care and support which was personalised and responsive to people's needs. One person was positive about the care and support they received. This person was clearly engaged with their staff team and the support they received. Staff told us the person told the staff "exactly what to do" when receiving care and support. One staff member told us they believed one person received personalised care stating "(the person) gets everything they want." One person's relative was very happy with the care the person received.

However another person was not happy about the care and support they received. They were not always positive about their staff team and the support they received from them. The service were attempting to address this for example they had responded to requests from the person to receive more staff support to engage in certain activities. Also a request had been made to the local authority funding the person's care for additional hours to support the person with two members of staff. However no response had been received at the time of our inspection visit.

People's support plans included a one page profile section for staff to refer to such as "what others like about me", "what is important to me" and "how best to support me." Support plans included detailed personalised information for staff to follow. A communication book used by staff ensured people received consistent care and support. People's support plans were kept under regular review including an evaluation of the effectiveness of the support they received.

People received staff support to engage in activities of their choice. Support plans were in place for staff when they supported people to attend activities such as attending religious services, going to the gym and supporting them when they visited family members. One person was supported by staff to visit a night club on a regular basis where they could socialise with friends. One relative was pleased with the support given to the person to visit them on a regular basis. Another person was supported to attend a day centre once a week where they enjoyed cooking. Records showed they were offered to take part in other activities on a regular basis but often declined these.

There were arrangements to listen to and respond to any concerns or complaints. The provider information return (PIR) stated "Service users and families have been given a copy of our Complaints Policy; we take all concerns from service users and families seriously and deal with them informally and formally." Information on how to make a complaint was available in each person's support plan file in format using pictures and plain English. A written complaint had not been received since our previous inspection. One person using the service told us they would approach the registered manager if they had any concerns. Another person did not feel they could make a complaint due to fear of repercussions. We discussed this with the registered manager who told us the person had been reassured any complaints would be dealt with correctly. They had been given information about how to make a complaint if they were unhappy with any aspect of the service. The person had some concerns about the service they received, the registered manager was aware of these and was trying to address them.

Is the service well-led?

Our findings

The service had a registered manager who had been registered as manager since June 2011. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The report from our previous inspection including the ratings was displayed in a prominent position outside the office. We discussed with the registered manager the fact that the rating for the service was not visible on the provider's website. The registered manager was aware of this and told us this was being looked into to resolve the problem.

The statement of purpose described the aims and objectives of the service. These included, "Promoting independent living, working within the client's range of abilities and competencies" this was confirmed by the registered manager who stated an aim was for people "to live as independently as possible", "to only have support when required", "accept people for who they are and provide the support they require." Minutes of staff meetings demonstrated staff were kept informed about developments and aims of the service. Staff were reminded about training, where to access information such as policies and procedures and responsibilities when working night shifts.

We heard positive comments about the registered manager. One person told us, "I think (the registered manager) runs this company quite well." and added "I think (the registered manager) does a good job." One staff member commented "One of the best bosses I've had." We heard comments the registered manager was available and approachable from people using the service, one relative and staff. Although one relative of a person using the service told us they had some problems getting hold of the registered manager, a relative of another person told us the registered manager always responded to them "even out of hours." They also said there was, "good communication going on all the time." One staff member told us the registered manager was "easy to get hold of." Another staff member described the registered manager as "quite approachable." and said if they raised an issue the registered manager would always come back with solutions. Minutes of a recent staff meeting showed that there had been discussions about who to contact out of normal working hours if the registered manager wasn't available.

Staff generally demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. One member of staff knew exactly where to find information about whistleblowing and where to report any concerns within the provider's organisation. Another member of staff was unclear about where to report issues within the provider's organisation. We discussed this with the registered manager. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People benefitted from checks to ensure a consistent service was being provided. A monthly audit of areas of the service provided was carried out. Areas examined included accidents and incidents, concerns and

complaints and staff supervision meetings. In addition questionnaires had been used in January 2016 to gain the views of people using the service, their representatives and staff. Responses were sought on areas such as whether staff listened to people, whether they had a say in their daily routine and if they knew how to complain. The results from these had been collected and analysed to produce a development plan. The plan included timescales and who was responsible for improvement actions. Areas identified for improvement included, ensuring staff listened to people using the service, ensuring people knew who to complain to and ensuring staff felt valued.