

Care Horizons Limited

Care Horizons

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 started with a visit to the office location on 8 August 2018 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. On 13 August 2018 we made calls to people who used the service, relatives and staff to gain their views and experiences. This service was previously owned by a different provider. This was Care Horizon's first inspection with the new provider and they registered with CQC in August 2017.

The inspection was carried out by one adult social care inspector. This service is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults. At the time of this inspection the service was providing a service to nineteen people, two of which received the regulated activity of personal care. The services were managed from an office in South Gloucestershire.

There was 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. The registered provider was also the registered manager for the service.

The feedback we received from everyone we spoke with was very positive throughout. Those people who used the service including relatives and staff, expressed satisfaction and spoke highly of all staff and the support provided.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that potential risks to people's safety and wellbeing were identified and addressed.

The staff were motivated and proud of the service. They were fully supported by the registered manager, deputy and team leader. A programme of training and supervision enabled them to provide a good quality service to people. The registered manager, and all staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from staff who knew them well. People had positive, caring relationships with the staff and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity and promoting independence. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs

were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The provider/registered manager had implemented a programme of 'planned growth' that had been well managed. They were committed to continuous improvement and demonstrated strong values and a desire to learn about and implement best practice throughout the service.

The registered manager and deputy demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the services recruitment procedures. These helped ensure staff were suitable to work with vulnerable people.

People would be protected against the risks associated with unsafe use and management of medicines.

Staff took measures to protect people from the risk of infection.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where it formed part of people's care, they were provided with a healthy diet which promoted their health and well-being and considered their nutritional requirements and personal preferences.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to providing care that was kind, respectful and dignified.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

People felt all staff treated them with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Is the service well-led?

Good ●

The service was well led

The registered manager promoted strong values and a person-centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Care Horizons

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously owned by a different provider. This was Care Horizon's first inspection with the new provider and they registered with CQC in August 2017. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We contacted and spoke with two people, two relatives and four members of staff. We spent time with the registered manager/provider and deputy. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, surveys, minutes of meetings, accidents, incidents, complaints, compliments, audits and quality assurance reports. We also read reports from other visiting health and social care professionals.

Is the service safe?

Our findings

The service was safe. People and relatives felt the staff provided care and support that protected them and that they were in good hands. One relative told us, "I am never concerned for my son, I know he is safe and staff look after him very well". Staff told us the training they received equipped them with knowledge and skills to understand people's illness's and medical conditions and how to protect them from harm.

Staff understood what constituted abuse and knew the processes to follow to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that might constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff knew how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained would be recorded on body maps and monitored for healing.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. The approach of staff was enabling and encouraged people to challenge themselves and remain independent, whilst recognising potential risks and the need for some safeguards. Risk assessments included information about action to be taken to minimise the chance of harm occurring.

People confirmed that staff were on time and they were contacted if there were any delays. Staff were deployed effectively to meet people's care and support needs. They confirmed they were allocated sufficient travel time and there were rare occasions when they were late, for example in an emergency or traffic congestion. Staff rotas were well managed and were planned using a computer software package. This helped ensure consistency of staff to people and continuity of care.

Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. The interviews and references were very much relied upon to ensure potential recruits were suitable, with the same values and behaviours as the provider and existing staff team.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection. Spot checks were conducted to ensure staff were adhering to the services policy. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

Is the service effective?

Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff confirmed that the induction and subsequent training they received was effective. They told us, "I've really enjoyed all the training, it's all very good", "The training has definitely increased my knowledge, I am always encouraged to develop further" and "I like that we have training to help us gain a greater understanding".

New staff worked with senior staff to assist with continued training throughout the induction process so they could consolidate their learning. Staff did not work alone until they felt confident within the roles they were to perform. Training and development opportunities were tailored to individual staff requirements. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia and mental health awareness and autism awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective.

The service had a small, steadfast group of staff. They felt supported daily by the registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. The registered manager recognised that staff could become isolated whilst working predominantly on their own. Staff were encouraged to come to the office whenever they wanted so that they had contact with each other and this helped to avoid feeling isolated.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The service had a good understanding of the MCA and their responsibilities. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement this should someone not have capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the care manager and subsequent referrals were made to the GP for guidance.

Staff were available to support people to access healthcare appointments if needed and, they liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses, dieticians, dentists and other health and social care professionals based on their individual needs.

Is the service caring?

Our findings

People were provided with support from a caring service. Staff demonstrated a determined, positive commitment to people to ensure they felt safe and well cared for. Staff supported people as equals and their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation.

We asked people for their views about the staff that supported them. Comments included, "They are all very nice", "They are very kind and caring", "My son is always very excited to see them", "They are really lovely and I get on well with them and we have a good relationship" and "Absolutely brilliant, they have got to know me very well, I can't praise them enough".

People were introduced to the staff who they would be supporting them. Continuity of staff for individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. People received care, as much as possible, from the same familiar staff. This helped in circumstances where staff required time off. People told us this system worked well. Comments included, "My son always has the same three staff, this really helps to relieve any anxiety caused by change", "I have a regular staff and this is important to me". The registered manager was determined and passionate that all visits were valuable to people and that they were afforded enough time so that support was meaningful. They didn't believe that any visit under an hour could ensure a good quality care provision.

Thought and care was invested when matching people to staff and this had a positive impact for people. It was evident the management team had worked together with people and their families to build up relationships based on trust and confidence. They had really got to know people so that matches would be meaningful and effective for everyone. People and staff confirmed this when we spoke with them and said matches were based on many things including similar age, personality and personal interests.

In addition to this people were always asked if they would like to be involved in the recruitment of new staff and some had enjoyed being part of the interview panel. The registered manager saw this as a crucial element to help ensure the right people were employed and shared the same values and behaviours as the provider and existing staff team. The panel looked for qualities such as, kindness, compassion, the desire to make a difference, respect for others, and a commitment to empowerment and promotion of dignity. One person told us about one member of staff that supported them, they spoke very highly of them and with praise. They explained how the staff member wanted to understand their condition and attended a support group with them and any events arranged for people with the same illness.

People told us they were treated with dignity and respect. Comments included, "They are very respectful that they are in my home", "Oh I can't fault them, they are all very polite and courteous" and "The way they treat us all is full of respect". Staff agreed they were privileged guests in people's homes. People were asked about how they and those supporting them should be referred to when out in the community. One younger adult receiving support had agreed with her support worker that she would call her 'auntie' so that it would

appear to people that she was out with a member of her family.

Staff morale was positive and they were enthusiastic about the service they provided to individuals. We asked them why they enjoyed their work and what they were particularly proud of. One staff member shared with us how they supported a person with dementia. Their approach was kind and empathetic to the symptoms that dementia can bring to people. They were knowledgeable about the illness and how it was important to understand that 'no two days were the same' and that very often emotional support was more important than anything else. This member of staff 'always made time to sit and reassure the person', encouraging them to talk about nice things that made them happy which subsequently reduced their sadness and anxiety.

Is the service responsive?

Our findings

The service was responsive. People told us they were, 'happy and very satisfied' with the care and support they received. The registered manager and/or deputy completed a thorough assessment when people were considering using the service. People were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered supported the registered manager and person to decide as to whether the service was suitable and their needs could be met.

The approach to care was person centred. Care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People had taken the time to provide and share specific details about preferred daily routines and what level of assistance they required and this was reflected in their records. Information was clear and would help ensure that person centred care was promoted and respected. Information contained the level of support needed whilst at the same time promoting independence and respecting people's wishes.

Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included verbal handovers, daily records, phone calls and messages via the services own electronic systems. Staff told us this system was, 'excellent for ensuring communication was effective'. One staff member said, "It's perfect for passing on key information to the next carer that will be visiting a person you have just left. It keeps everything live and fresh, things really don't get missed".

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge or directly with relevant health or social care professionals. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes.

There was an empowering culture for people. Independence and autonomy was always promoted and was at the centre of all care and support people received. Support pathways were developed with individuals and relevant professionals to support phased progression. The registered manager and staff recognised individual capabilities and worked on strengthening these. The registered manager wrote in their PIR, "We do encourage all our clients to be in the driving seat of their support as much as possible. Care Horizons supports clients in their own homes or their parents' home, so the social community inclusion element is very important for them". People were fully supported in this including, searching for employment, attending an activity, managing personal finances and learning new life skills.

The registered manager told us in their PIR, "All our clients receive a review of their care and support and they choose when and how often these are scheduled. Some of the reviews with clients take place every 3, 6, 9 or 12 months. This is a good way to meet with them and discuss how the support is going. All our clients, their family members are encouraged to contact us straight away if something is not working, or they are not

happy with anything". One person told us, "My review is due and I will make changes to my support plans because they need to reflect how things have changed for me".

The complaints policy and procedure was provided to people when they started using the service. The service encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling.

Is the service well-led?

Our findings

People received care and support from a well-led service. We read compliments the service had received during their first year of operating as a new provider. Comments included, "I am very happy since the new management changes, it's much better, four stars for Care Horizons", "We are very grateful for the support", "We appreciate the flexibility and involvement, they do an incredible job" and "You are all so very helpful, accommodating, approachable and very friendly".

The service had developed and sustained a positive culture in their first year. Throughout our inspection we found the provider/registered manager and deputy demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided, that staff were well supported and managed and that the service was promoted in the best possible light. The registered manager led by example. She was currently completing her level 5 in Coaching and Mentoring so that this method of leadership and supervision would be a role model from the top of the organisation.

There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. We asked staff what it was like working for the service. Comments included, "Things are very different in a very good way, it's been transformed", "The investment in staff is very good, especially with training and development", "I get great job satisfaction, it's always about the client they come first" and "I am very happy working for them they are a happy caring company".

There was a strong emphasis on striving to improve the services provided. The provider had implemented a programme of 'planned growth' that had been well managed. The service was proud of the achievements to date. They had slowly built a small staff team with a clear management structure. They told us they were all feeling settled and excited about moving the service forward. They were proud of the service and wanted it to be a positive experience and place for everyone.

The provider had considered innovative ways to improve the quality of care given to people and to enhance working for the service. They were using an electronic system to manage the service in 'real time'. This meant people, their relatives (where appropriate) and staff could see and update care and support needs live with detailed information relating to the individual receiving support. The scope of this information included, personal preferences, medication details, outcomes and objectives and care-plan instructions. All of this was available in real time, on a mobile device and accessed with confidential password codes. Some of the advantages of this included, a streamlined delivery of care, improved safety and confidentiality and a paperless system, that was constantly up to date and enabled more efficient use of staff time resource.

The provider/registered manager was particularly 'proud and honoured' when she was recently invited to participate in an event, The Parliamentary Review 2017/2018, a year in perspective for care services. The Parliamentary Review gives organisations and individuals a platform to share knowledge, insight and best practice with peers, with a view to raising industry standards. In addition, they were asked to write an article about their prospective as a provider in the adult social care sector and this was included in the

People were supported to 'have their say' by completing surveys. Recent feedback was very positive and most questions received answers that were either good, excellent, strongly agree and agree. The survey results enabled people to make requests and express where improvements could be made. One person had said they would like to go on more walks and this had been actioned, this meant that people were listened to. Newsletters kept people and families informed about news within the service and people were invited to respond. Recently they had offered people a free fire risk assessment through Avon Fire Service and one person requested a visit.

The provider/registered manager had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving. They conducted mock inspections based on the KLOE's to help support and promote this. Policy and procedures were reviewed to assess if they remained effective and up to date with current best practice and guidance.

The service had recently been awarded a certificate from the International Standards Organisation (ISO). This is an independent organisation that specifies requirements for a quality management system (QMS). Providers use the standard to demonstrate the ability to consistently provide services that meet customer and regulatory requirements. In addition, regular process audits and as required audits, provide feedback needed to make any improvements in quality and keeps the service focused on its goals. The service also had a system to complete their own regular audits including health and safety, environment, care documentation, medicines, recruitment, supervision, training, accidents, incidents, complaints and safeguarding.

To ensure the service kept up to date with relevant changes relating to good practice, the registered manager attended regular forums with other providers and registered managers. These included, Care & Support South West, National Skills Academy for Social Care - Registered Managers, and Gloucestershire and South Gloucestershire Council providers forums. They ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLs teams and CQC.