New Horizons Trust South Yorkshire

New Horizons Trust Home Care Services

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

We carried out this inspection on 20 January 2016 and it was announced. This means we told the provider that we would be inspecting the service before we carried out the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

The last full inspection of the service took place on 26 January 2015 and we found the service to be in breach of the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Regulation 10 – Assessing and monitoring the quality of service provision [now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014], Regulation 18 – Consent to care and treatment [now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and Regulation 23 – Supporting workers [now Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. Compliance actions were given for these three regulations. We checked that the registered provider had taken action on these breaches during this inspection and found the service was now compliant with these regulations.

New Horizons Trust Home Care Services provides personal care for adults living in their own home. The service is based in Deepcar, Sheffield and has access to local amenities. The service's offices are located on the first floor and can be accessed by a lift. At the time of our inspection, there were approximately 52 people using the service.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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 manager was present on the day of our inspection.

The service made sure people were protected from abuse by followed effective safeguarding procedures. We found records were complete and updated regularly. There were enough staff to cover each care visit and people had their needs met and responded to.

We found staff were adequately trained and supervised. The service had an effective and efficient computer system in place to monitor training and supervision needs.

We found there was an open culture at the service, where staff and people who used the service felt able to speak with management on all levels and felt confident in doing so. People confirmed they had their dignity and respect maintained and felt able to raise any concerns.

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 protected from bullying, harassment, avoidable harm and abuse as relevant risk assessments had been carried out and reviewed on an (at least) annual basis, or if a person's needs had changed.

There were sufficient numbers of staff employed for the purpose of providing care and support to people in their own homes.

Medication administration records we saw contained no gaps and were audited regularly.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. Staff had regular, formal supervisions and training updates were undertaken by staff, when required.

Consent was sought from people before any care or support was provided and the service worked to the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and were supported to have sufficient amounts to eat, drink and maintain a well-balanced diet. People had access to relevant healthcare professionals, where and when required, and were supported by staff to do so.

Is the service caring?

Good

The service was caring.

Staff developed positive, caring relationships with people who used the service. People were supported to express their views and were involved in making decisions about their care and support.

Staff were able to explain to us how they protected and

promoted people's privacy and dignity. People who used the service confirmed their own privacy and dignity was respected.

People said staff were approachable, easy to talk to and kind.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and responsive to their needs. People and their families or representatives had been involved in the planning of their care and support, where appropriate and when possible. This included information regarding the person's likes and dislikes, preferences and preferred activities.

Complaints and concerns were encouraged, addressed, explored and responded to.

People said they felt able to complain to staff or the registered manager and felt confident these concerns would be dealt with. Complaints were monitored so the service could identify any patterns or trends and any actions were recorded and signed off when complete.

Is the service well-led?

Good

The service was well led.

The service promoted a positive, person-centred, open, transparent, inclusive and empowering culture. There was an emphasis on support, fairness and transparency from staff and the registered manager. The registered manager followed an 'open door policy' and was available for people and staff to speak with.

There was good management and leadership at the service. Regular audits and checks were carried out, robust records were kept and good data management systems were in place.

Regular surveys were sent to staff, people who used the service and their relatives. Results from these surveys were collated and analysed to identify any actions that needed to be addressed.

New Horizons Trust Home Care Services

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 checked 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 20 January 2016 and was announced. This means we told the provider that we would be inspecting the service before we carried out the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

The inspection team was made up of one adult social care inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our inspection, we looked at the 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 plan to make. The PIR did not highlight any concerning information about the service. Also before our inspection, we spoke with six stakeholders, including the local authority, the South and West Yorkshire Partnership Trust (SWYPT) and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. SWYPT is a specialist NHS Foundation Trust that provides community, mental health, learning disability and health improvement services to people. A stakeholder is a person or organisation who has interest, concern or involvement with an organisation. Stakeholders we spoke with told us they had no current concerns about New Horizons Trust Home Care Services. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

During our inspection, we spoke with the registered manager. Following our inspection, we spoke with eight

people who used the service and seven care staff members, all via telephone. We also carried out visits to three people in their own homes, where we spoke with people, their relatives and friends.

We looked at documents kept by the service including the care records of six people who used the service and the personnel records of five care staff members. We looked at records relating to the management and monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with their care staff. People also said care staff usually turned up on time and, if they were going to be late, office staff let them know. People who required support with taking their medicines said staff knew how to administer medicines in a way they liked. Comments people made included; "The same carers have been coming for a while so I know them all – yes – I feel very safe", "Now and again they may be five minutes late but I don`t mind – they ring if they are going to be late and always stay for the time they are meant to be here", "All the carers have uniforms on with badges – and if I need to use the toilet, they put blue gloves and aprons on" and "They help me with my tablets as soon as they come in and then they write everything in the care plan before they go."

Staff we spoke with told us they felt people who used the service were kept safe. One staff member said; "All the people we go to have key-safes which we have the codes for – we try and get there at the same time so they know it is us coming in."

During our visits to people in their own homes, they told us all staff were aware of how to use equipment properly and safely. One person told us; "[Care staff] are really good. They make sure [family member] is comfortable on the stair lift then one [care staff] goes to the top of the stairs to help [family member] when he gets there. They're really good. I know [family member] is safe."

Care records we looked at demonstrated people were protected from abuse and avoidable harm. Each care record contained regularly reviewed risk assessments and care plans, which had information on how to keep the person safe. Assessments and care plans had been written with involvement from relevant professionals, the person who used the service and their relatives, where appropriate. Risk assessments and care plans contained details of how to keep the person protected from discrimination in areas including age, disability, gender and belief. They also contained details of people's needs around medicines, personal care, mobility, continence, eating and drinking. This demonstrated there were appropriate assessments and plans to meet people's needs and to protect people from bullying, harassment, avoidable harm and abuse.

Staff we spoke with were able to tell us about different types of abuse, any signs to look out for and how they would report any concerns, either within the organisation or externally. One staff member we spoke with told us; "If I had any worries about anyone, I would report it to a manager right away – I would also use the whistleblowing procedure if I had to". Staff told us there were formal and informal methods of sharing information on risks to people's care and treatment. One staff member told us; "Everything that we need to know is in care records. When I go to my next [care visit], I always read the log so I can see what happened at the last [care visit] and if there's anything I need to know about." This meant staff knew about abuse, how to report any concerns and that there were formal and informal methods used to share information on risks to people's care and support.

We looked at the safeguarding log held by the service and saw that all concerns and alerts were addressed, investigated and learned from. The service made appropriate safeguarding referrals and the local authority safeguarding team confirmed this. Safeguarding investigations had been carried out with relevant and

appropriate individuals, including other healthcare professionals. Action plans were developed and signed off when complete. At the time of our inspection, there were no current, open safeguarding alerts. This meant risks and safeguarding concerns and alerts were managed well.

We looked at the accident and incident file for the service and saw that information was appropriately recorded and concerns were dealt with. The file contained a copy of the accident and incident policy and a flowchart detailing how to report and record with accidents, incidents and near misses. There was also an accident, incident or near miss report form template that contained details of how to complete the form. We saw there was one accident report form in the file, where a person who used the service had fallen in their living room, whilst the care assistant was in the person's kitchen. The accident report form contained details of what had happened, where the incident had happened and actions that were taken, including an interview with the care assistant who was present, to establish the circumstances. Investigations into accidents, incidents and near misses were thorough, questioning and objective. The service had learned from this incident and had now sourced sensor mats so that any fall by the person would be immediately alerted for attention. The service responded well to the fall and sent an incident report form to the local authority. This meant the service had arrangements in place to address accidents, incidents and near misses so that they could take necessary and appropriate action.

We looked at a call monitoring report, which contained details of planned (required) care visits and actual (delivered) care visits. We saw that there were no occasions where a person had had a 'missed call', where a care assistant had not turned up and this had not been planned. We saw there were times when care visits had not been attended by a care assistant but this had been planned, and details were recorded on the call monitoring report. For example, we saw that one person who used the service had not received a morning care visit. A note was recorded against this care visit, explaining that the person who used the service had cancelled the call. We also saw another person had not received a care visit and notes recorded against this care visit explained that this was due to the person having to attend hospital. People who used the service confirmed that they didn't usually have any missed care visits and that, if the care assistant is going to be a little late, they are always informed of this. This meant the service employed adequate numbers of staff to cover all required care visits.

We looked at the staff personnel files of five staff members who worked at the service and found adequate pre-employment checks had been carried out by the registered provider. These checks included (at least) two reference checks from previous employers to confirm their satisfactory conduct, photographic identification, an application form, interview notes and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This meant the service followed safe recruitment practices to ensure the safety of people who used the service.

We looked at care plans relating to medicines in people's care records. We saw each care record contained a 'quick view' sheet that contained a summary of the person's needs, including needs around medicines. Where people did not require support with medicines from a care assistant, this was recorded. Where people did require support, information was recorded on how the care assistant should administer medicines. For example, in one care record we read; "Remove medication from original container and directly assist". This was signed by the person who received the support. We also saw that, where topical medicines (creams, foams, gels lotions and ointments) were to be applied, recorded information stated when to apply them and a body map demonstrated where to apply them. This demonstrated staff were provided with clear instructions on how to administer medicines safely.

Medication Administration Records (MAR) were well maintained, signed by the administering member of

staff when the medicine had been administered and contained no gaps. Regular 'spot checks' were carried out, where a senior member of staff observed a care assistant administering medicines to a person to ensure they were following the correct procedures. If any areas of the care assistants practice when administering medicines required improvements, this was recorded and discussed with the care assistant as part of their supervisions. This meant the service ensured medicines were managed so that people received them safely, records were maintained and assessments were carried out to ensure staff were competent to administer medicines.

Good

Is the service effective?

Our findings

People told us they received their care and support in the way they wanted it and that they were able to make choices about their day to day lives. Comments made by people included; "Sometimes, the carers will do shopping for me and ask me what I would like to eat – so yes, they always listen and get me what I ask for" and "The carers have been coming here for a long time and before they go, they ask me if I need anything else doing – they are very good." People who used the service also told us that they felt staff were well trained and more than competent to carry out their role. One person said; "The carers seem very well trained to me – a while back I wasn`t well and they contacted the doctor for me."

Staff we spoke with told us that they were supported well and that they received regular training and supervisions. Comments made by staff included; "I have done dementia awareness training and it included mental capacity – it`s about people being able to make their own decisions and what to do if they were unable to", "I have done my NVQ 2 and 3 and also had medication administration and moving and handling training – some of it is e-learning", "Since I started seven months ago I have completed first aid, medication awareness, and dignity and respect training – it was all good", "I am 100% confident in everything I do because of the training I have had since I have been here" and "We have supervisions every couple of months – I have recently had one – we talk about different things like training and performance."

During our last inspection in January 2015 we found evidence of a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and we issued a compliance action. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 20 January 2016, we found the service had implemented an effective supervision and appraisal system, meaning staff now received regular supervisions (which included formal, written supervisions and spot checks) and an annual appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles.

Also during our last inspection in January 2015 we found evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and we issued a compliance action. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 20 January 2016, we found the service had re-visited each person who used the service and asked them to sign their own care records, if they had capacity to understand, to demonstrate their consent and involvement. If the person was unable to sign their own care records, the reasons for this were recorded or care records were signed on the person's behalf by a representative.

We checked staff personnel files to see if staff were adequately trained and if they had received ongoing

training. We looked at staff training and saw that staff received regular training updates in areas including safeguarding, moving and handling, health and safety, dignity and respect, dementia and nutrition and wellbeing. The registered manager told us that, when a training update was required, their computer system 'flagged' this up. Staff were then booked onto required training courses. This demonstrated staff were up to date with their training requirements.

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.

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. To deprive someone of their liberty as a domiciliary care service, applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any applications had been made to the Court of Protection to deprive someone of their liberty. We found no applications had been made and that no one was being deprived of their liberty. We saw that, where a person lacked capacity to make decisions, these were made on the person's behalf by a representative or someone who held legal power of attorney. People were asked for their consent before any care or support tasks were carried out and records were maintained regarding a person's mental capacity to make decisions. This demonstrated the service acted in line with the Mental Capacity Act 2005.

In care records we looked at, we saw eating and drinking assessments were completed to assess whether the person was at risk of becoming nutritionally compromised and that these were reviewed with appropriate frequency. Care records we looked at demonstrated people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice over what foods and drinks they consumed. Assessments were also in place, assessing and identifying any support needs that the person required. For example, in one care record we looked at, we read; "Please note; it is important that [person] drinks plenty. Please leave him juice and 2 small bottles of water at the side of him and loosen the bottle tops. Please make sure you check [person's] leg bag at every visit". In another care record we read that the person liked to eat their breakfast between 08:30am and 09:00am. Information was present, explaining that the person was able to tell staff what they would like to eat. Another care record we read held information about the person's food preferences and stated; "[Person] does not like micro meals." We saw all staff had received training in food hygiene and safety. This demonstrated people were supported to have sufficient to eat and drink to maintain a balanced diet and have their eating and drinking preferences met.

We saw people and their relatives were involved in reviews that monitored their health and, where required, referrals were made to, and assistance sought from appropriate healthcare professionals. We saw care records contained details of appointments the person has with healthcare professionals. The relative of one person told us; "[New Horizons Trust Home Care Service] are really good. All the staff are on the ball and if [family member] needs a doctor or is a little under the weather, [staff] help with appointments and keep me informed." This demonstrated the service supported people to maintain good health and wellbeing.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them with kindness and compassion. Comments people made included; "I have a key-safe outside so the carers can let themselves in but as soon as they open the door they shout their name so I know who it is", "The carers that come here are excellent – absolutely wonderful – I would be lost without them – you could not wish for better" and "They always find time to sit down and talk to me and they ask what I think and do listen to my views."

Staff we spoke with told us; "When a new carer starts they go out with a senior to be introduced to the client – they never go out on their own", "In each of the client`s homes there is a `quick view file` and a communication book and it`s a personal profile of that person with all you need to know", "We all get dignity training but I don`t know of any dignity champions – I think it would be a good idea though" and "Some clients you can`t really talk to because they have dementia but we can look in their care plans and all the information about the person is in there."

In care records we looked at, we saw that people and their families, where appropriate, had been involved in making decisions and planning of care and support provided by the service. We saw evidence of people's input, which included details about the person's life and past experiences. In one care record we looked at, we read; "Before she retired, [person] was a registered nurse" and in another care record, we read; "[Person's] first job was as an apprentice mechanic and he did not like this job. [Person] was in the army for seven years. He enjoyed this and travelled all over the world." We saw people's likes and preferences were included in care records. One of the care records we looked at contained details of the person's preferences of what to do in their free time. In one care record, we read; "[Person] enjoys fishing and reading fishing magazines." In another care record we read; "[Person] likes watching all sports on television and also enjoys a game of bingo and dominoes" and the care record for another person stated; "[Person] has a newspaper most days and likes to keep up to date with current affairs." This demonstrated the service made information available for staff get to know people better and to provide a personalised and person-centred approach to care and support.

Advocacy information was not provided to people as a matter of routine, but the service ensured this information was made available when required.

People were assured that their information was treated confidentially as the service used an electronic care planning system, that was only available for use to staff with the correct permissions. Confidentiality was also covered as part of staff induction and training.

We looked at the service's privacy, dignity and human rights policy. The policy contained the provider's privacy and dignity values and what each person who used the service could expect. The privacy and dignity values included; "We will promote and respect the privacy, dignity, independence and human rights of our service users by placing their needs, wishes, preferences and decisions at the centre of assessment, planning and delivery of care, treatment and support". General guidelines for staff, included in the policy stated that the provider would "ensure issues of privacy, dignity, independence and human rights are an essential part

of the staff induction and training programme" and that staff should "establish the name the service user prefers to be called by" and "always knock before entering the private room of a service user". This demonstrated that the service had values relating to privacy, dignity and human rights and that people who used the service were at the forefront of these values.

One person who used the service had passed away during the night and was found by their care staff from New Horizons Trust Home Care Service during their morning care visit on the day of our inspection. The registered manager spoke with the member of staff, providing reassurance and comfort. The staff member was advised of what to do and a member of office staff attended the person's home to provide support to the member of staff and to ensure the person who had passed away was cared for in a sensitive way. After emergency services had attended the person's home, arrangements were made for the staff member to take the remainder of the day off work and shifts were covered by other members of staff. This demonstrated that the service provided support to staff during emotional times and ensured that the body of the person who had passed away was cared for in a culturally sensitive and dignified way.

Good

Is the service responsive?

Our findings

People told us they knew the staff and managers from the service well. People also said they knew how to complain and felt comfortable in doing so. One person told us; "I know the managers by name and they ring sometimes and ask how things are and if I`m happy with everything" and another person said; "If I needed to complain I would tell one of the carers or ring one of the managers – I do have their contact numbers."

Staff told us how the service responded to people's needs and made sure that people were involved in their care planning. Comments made by staff included; "The seniors or managers will do the assessments and they will get in touch with the family so they can be there" and "If somebody made a complaint to me I would listen to what they said and write it down – I would then get in touch with the manager and tell them about it." Staff told us that they were supported by the provider, when caring for and supporting people. One staff member said; "We have an on-call system 24 hours a day so if you need help you can call them – I have used it a few times – recently a client fell and I could not pick her up myself."

Care records we looked at were personalised and had been written with the involvement of people and their families, where possible and appropriate. People expressed their views and these were recorded in care files. We found there was information about the person's life, including their life history, preferences and interests. Each care record contained details of the person's independence and the level of support required. This meant information was available for staff to provide personalised, person-centred care and support.

Care records contained details of what was required per care visit. For example, in one record, we read, during the lunch time care visit; "Prepare a meal. Please give [person] a choice of hot or cold meal. Encourage her to drink" and, during the tea time care visit; "If [person] had a hot meal at lunch, offer her a choice of salad, sandwich, soup etc. for tea. Ensure she drinks plenty." This demonstrated people were offered choice and that their needs and wishes were responded to.

We saw a plethora of information in care records regarding people's favourite past time activities. For example, in one care record we read that the person enjoyed sewing. This care record stated; "[Person] was a tailoress and always likes sewing. She has made all her daughters their wedding dresses and bridesmaid dresses" and "[Person] is very close to her family and sees all her three daughters on a regular basis." In another care record, we read; "[Person] attends [name of a care home] x 2 weekly every Wednesday and Thursday." This was to ensure the person maintained friendships and relationships and avoided social isolation. Another care record stated; "Since retiring, [person] has completed an Open University degree in the last few years. She has attended cooking and baking classes at college." This demonstrated that people who used the service were supported to maintain their independence and take part in activities that they enjoyed and that information was available for staff to read in order to provide person-centred care and support.

There was a comments, suggestions and complaints policy for the service that had been recently reviewed. The policy contained details of how to complain and who people could complain to, including the Care

Quality Commission. A flowchart detailed how the service would deal with complaints and actions that the service would take. We looked at the complaints and compliments file held at the service and found that any complaints received had been addressed, fully investigated and responded to. We saw any actions were recorded following these complaints and signed off when complete. This demonstrated the service listened to complaints, identified any actions required and used these complaints as an opportunity for improvement or learning.

We saw, and staff confirmed that, the registered manager maintained an 'open-door' policy, where staff, people who used the service, relatives and other professionals were able to speak with the registered manager about anything, including making a complaint, if they wished. Throughout the day, we saw the registered manager on telephone calls with staff and people who used the service. Everyone we spoke with told us that they felt the registered manager was approachable and available to speak with at any time. We saw an overabundance of compliments cards and letters that had been received by the service.

Good

Is the service well-led?

Our findings

People we spoke with told us they knew who the registered manager was and that they felt able to speak with them. Comments made by people and their relatives included; "I would not hesitate to recommend them to others and I have done in the past – they are really good", "I do know the managers and I talk to them a lot and would not have a problem telling them if something was wrong" and "I have had phone calls in the past asking if I am happy with the service and I have completed surveys as well."

People told us they were asked for their views of the service and staff confirmed this happened. One person who used the service said; "I have done about three surveys in the past asking me how to improve the service but to be honest, I have never complained – I am very happy" and a staff member told us; "We try and involve the clients as much as possible and if not we keep in touch with the family – sometimes the clients are living with a family member so they are there all the time and we talk to them."

Staff told us they were involved in developing the service and felt management at the service were good. Comments made by staff included; "It`s one of the best places I have worked and the managers are great – you can talk to them anytime you want to" and "The seniors have meetings every week and the rest of the staff meet up every three months – it`s a lovely place to work – you could not ask for more."

During our last inspection in January 2015 we found evidence of a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014] and we issued a compliance action. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 20 January 2016, we found the service had now completed monthly audits of medicines and that care records were audited on a regular basis. We also found that analysis of complaints and compliments were used to drive service improvement. Although there were a limited number of complaints, the provider still ensured these were analysed so that trends or patterns could be identified.

We saw there was an emphasis on support, fairness, transparency and openness at the service. The registered manager told us; "We do regular supervisions, which include observations in people's homes when staff are supporting them. If there are any issues or if we identify training needs, actions are recorded". We also saw that staff discussed any concerns, training requirements or development needs they had during their regular supervisions. The attitude, values and behaviours of staff were kept under constant review through supervisions.

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place. The registered manager was present on the day of our inspection and had been in the same role since the service had started.

Audits were carried out regularly and included audits of medicines and care records. Actions were recorded

for all audits, detailing any areas for improvements identified during audits and checks and contained signatures of the auditor, once actions had been completed.

There was a business contingency plan in place for the service, which was regularly reviewed to ensure information it contained was correct.

We looked at the results from the latest surveys sent out to people who used the service and their relatives. These surveys asked whether people were happy with their existing package of care, whether they were happy with their team of carers, whether they felt they had opportunity to express their views about the service and whether they felt they were given choice about their care and support. Comments boxes on surveys contained comments including; "The company are really helpful and approachable", "[Staff] are willing to help if they can. All give good care and work well together", "New Horizons Trust [Home Care Services] is absolutely brilliant! We are lucky to have them!", "We consider the care team, who attend my [family member], are excellent and give us peace of mind" and "You are always ready to listen to my views." Action plans were developed from survey results and comments to make improvements and develop the service. Letters were sent out to everyone who used the service to inform them of the survey results and changes that would be made to improve New Horizons Trust Home Care Services. This demonstrated the service gave people and their relative's opportunity to express their views about the service and made improvements from comments and suggestions. This also demonstrated that the service listened to feedback and worked with people to continually improve the service provided.