

My Horizon Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

My Horizon Care is a domiciliary care agency providing personal care to adults living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. During our inspection visit, the service was caring for 10 people.

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

Feedback from people and most relatives was that care provided was safe and they were confident any concerns raised would be acted upon immediately.

Medication was managed well overall. However, after reviewing all the evidence gathered, we have made a recommendation for the registered manager to make improvements in the recording of medication when this task is the joint responsibility between the provider and relatives of people using the service, to ensure it is in line with best practice and guidance.

Most relevant risks to people's care were assessed and measures put in place to manage those risks. Staff had a good understanding of how to support people safely and knew what to do if they had concerns about people's safety. Staff had completed safeguarding training and knew how to report concerns. The provider ensured staff followed safe infection control practices and had enough personal protective equipment (PPE).

Staff were recruited safely. People and relatives told us staff mostly arrived on time however, some commented care workers sometimes rushed in and out during their visits. People and relatives told us the service had a positive impact on their lives and staff were kind and caring.

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

Staff felt well supported by management. There was a system in place to ensure staff were inducted and shadowed other experienced members of staff. Staff received varied training. The registered manager told us additional training would be put in place for staff, if required, to meet the needs of new care packages.

Regular audits on care, medication and staff's approach were being conducted. However, we found issues identified regarding the recording of medication had not been identified and addressed previously.

Relatives and people knew the manager and most told us they were approachable. The registered manager told us about their plans to continue developing the service.

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

Rating at last inspection and update

The last rating for this service was 'Insufficient evidence to rate' (published on 17 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to initial inquiries to determine whether to commence a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risks to people's care and medication. This inspection examined those risks.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

My Horizon Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was conducted by one inspector and an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 August 2022 and ended on 22 August 2022. We visited the location's office on 16 August 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning teams, and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with one person using the service and three relatives about their experience of the care provided. We gathered information from three members of staff including the registered manager.

We reviewed a range of records. This included two people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted staff and continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as 'inspected but not rated'. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection we found gaps and inconsistencies in the planning and recording of risks to people's care and medicines management. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care plans included risk assessments depending on people's individual care needs and the actions staff should take to minimise those risks identified. For example, one person required support when accessing the community; this had been risk assessed and plans put in place accordingly.
- Staff knew how to safely deal with accidents and incidents such as a medical emergency.
- The registered manager showed us how they would record and monitor any accidents and incidents happening to staff or people; this system would enable them to take action when necessary and identify any trends, if appropriate.
- We reviewed the provider's medication systems in place and did not find any errors in relation to medication not being administered to people in line with prescriber's instructions. However, we found some people's medication administration records (MAR's) had gaps and these coincided when people had been supported by their relatives with this area of their care; these were either scheduled arrangements or when care visits had been cancelled by relatives. Although the providers electronic system explained these gaps, the MARs needed to be fully completed in-line with guidance to ensure records were kept accurate and any risks regarding missed medication mitigated.

We recommend the provider consider current guidance on the recording of medication and take action to update their practice accordingly.

Staffing and recruitment

- People and relatives told us care was provided by a team of regular care workers. One relative said, "[Person] gets the same two staff. It is what I've asked for because [person] doesn't like change."
- Relatives told us staff were focused on the task at hand but sometimes rushed in and out of people's homes; one relative said, "They turn up approximately the same times but [person] says they whizz in and out." We discussed this with the registered manager; they said they had not received any similar feedback previously but would monitor the situation accordingly.

- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place to ensure care workers were of good character and had the qualifications and skills to support people using the service.
- Staff told us they enjoyed working for My Horizon Care. One staff member said, "It's nice working for the company, it is smooth, I know what it is expected of me."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service provided safe care. Comments included, "[Person] is definitely safe and cared for. [Person] likes the structure of [their] carer's visits, it makes [them] feel confident and secure."
- Staff demonstrated a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control and told us protective equipment was made available. People and relatives told us staff used the equipment appropriately. One person told us, "They [staff] wear masks, plastic gloves and aprons when they're handling me."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question as 'inspected but not rated'. At this inspection, the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide care and support. This ensured the service was able to meet people's needs and there was clear guidance for staff to follow in relation to people's care.
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements were assessed and included in their care plans.

Staff support: induction, training, skills and experience

- New staff undertook a period of induction before they started working on their own. A relative commented, "New carers know what they were doing because they do a shadow visit first."
- The registered manager told us they had an on-going programme of essential training. Records confirmed care workers were up to date the training relevant for the needs of people they were supporting. The registered manager told us about additional training they would ensure staff had, if they started supporting people with moving and handling requirements or children.
- There was a plan in place to ensure staff had regular support through formal supervisions and regular contact with the registered manager. Staff told us they felt well supported in their roles.

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

- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and was consistent with their planned care.

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

- People and relatives were confident staff would contact healthcare professionals if required.
- The registered manager gave us examples of how they worked with other professionals to ensure people's needs were met adequately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- When people's mental capacity could be limited, the provider assessed people's capacity to make specific decisions and did this jointly with relevant relatives and professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received feedback from people and relatives praising the good working relationships staff had established with people; but we also received feedback indicating staff were, at times, task focused. Comments included, "They are very patient with [relative] and have built up a rapport with [them];" "They sit and talk to [relative]. It's more like a friendship" and "They ask [relative] what [they] would like for meals and how [they are] feeling but they don't really chat to [them] otherwise."
- People told us they were supported by staff who were kind and caring. Relatives agreed staff had a caring attitude towards their loved ones. Their comments included, "[Staff are] very caring and considerate" and "They do what they are meant to do in an efficient and caring way."
- The registered manager ensured people's protected characteristics were respected. People's cultural, religious and spiritual needs were considered. We saw discussions about the gender of the staff member supporting were included in the initial assessment and this was implemented during delivery of care.

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

- People and relatives had been involved in care planning. Comments included, "We talked about all the things [relative] needed before [they] started the care" and "They do anything I want them to do."
- Records confirmed reviews were taking place and involving the relevant people. The registered manager told us some reviews of care were not due yet, but they kept in regular contact with people and relatives to ensure people's needs were being met. Relatives comments included, "They ask me for feedback" and "I get emails and texts to ask if everything's okay."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy and dignity. Comments from people and relatives confirmed staff always respected people's their dignity and privacy. These included, "They are mindful of [relative's] privacy. They always make sure the curtains are closed when doing [relative's] personal care" and "They are very practical. When showering [person] they do it with love and are friendly."
- People's independence was promoted. One relative told us, "They encourage [relative] to be independent" and explained to us specific examples of how staff supported their loved one with their needs while, at the same time, promoting them confidence and autonomy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question as 'inspected but not rated'. At this inspection, the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which responded to their individual needs and choices.
- People's care plans contained detailed information for staff on how best to support people.
- People's care records were written in a person-centred way and reflected a person-centred approach to care. These included personal information and relevant people involved in their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibilities under Accessible Information Standard and information about the service delivered could be made available for people in large print and pictorial prompts to help make information more accessible.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. There were policies and procedures in place and the registered manager told us how they would put these into practice, if they did receive a complaint.
- Staff were confident that any concerns raised would be dealt with.
- Most relatives told us they knew how to make complaint, any issues they had raised had been acted upon by the registered manager who they felt was approachable.

End of life care and support

- The service was not providing care to people at the end of their lives, however each care plan had an area assigned to discuss people's wishes in this area and the registered manager knew the professionals they could liaise with if people required this support. The registered manager also added that additional training to staff would be offered, if required.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as 'inspected but not rated'. At this inspection, the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found continued issues with the accuracy of care records and the effectiveness of quality assurance processes. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- During this inspection, we found regular audits on care, medication and staff's approach were being conducted and these were proportional to the current size of the service. Although we did not identify medication errors, we found issues regarding the recording of medication and this had not been identified and addressed previously during the registered manager's internal audits.
- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences. This ensured accountability and management oversight.
- People and relatives felt the service was well managed. Most were complimentary about staff and the registered manager. One person told us, "The care's very good. They are efficient and honest." One relative commented, "[Name of registered manager] is passionate about the job and couldn't fault her." Another relative explained us they had not always felt it was easy to raise concerns with the registered manager; we discussed this with them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they were satisfied with service. One relative said, "I can relax when the carers are there."
- The provider was open with the inspection process; they told us they would act on the issues discussed and demonstrated a willingness to continuously learn and improve.

Working in partnership with others

- There was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.