

## New Horizons Care Limited

# New Horizon Care

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection was announced, this meant we gave the provider 48 hours notice of our visit. At the last inspection on 07 June 2013 the provider was compliant with the regulations we assessed.

New Horizons Care provides support to people in their own homes who have long term neurological conditions, including mental health, learning and or physical

# Summary of findings

disabilities. Packages of support ranged from a few hours a day or week to 24 hours support. At the time of our inspection there were 61 people in receipt of a support package

At the time of our inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that people did not always receive care and support from staff that were adequately trained, skilled or experienced. People did not always feel confident with the care and support they received.

We identified the provider had some shortfalls with their ability to always plan ahead and respond to changes. The provider had started to recruit more senior staff to address these issues and develop a more responsive service.

People experienced missed or late calls, and were not always communicated about changes of support workers. This meant people did not always receive consistent care and support in line with their assessed needs and plan of care.

The provider had a system and process to review care plans and care packages but we found that there were some errors in the system. Records were not always reviewed or kept up to date.

The provider supported its staff by providing an induction and ongoing training. There were arrangements for staff to receive clinical support and advice at all times.

People told us that they felt their privacy and dignity were respected and made positive comments about staff. Assessments and care plans supported people's needs and took account of routines, preferences and what was important to the person. People were supported to live their life as fully as possible and to their choice and independence was promoted.

Support workers made positive comments about the leadership and support they received.

We saw complaints and accidents and incidents were recorded. We saw from these records that they had been responded to and acted upon in a timely manner. However, people told us they had not always been satisfied with the response they had received about complaints they had made.

We found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People did not always receive care and support from staff that were suitably qualified, skilled and experienced.

People's needs had not always been met or not met as planned, due to either late or missed calls.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Not all support workers, received specific personalised training to meet people's assessed needs.

Support workers had received limited opportunities, to discuss their practice, training and development needs.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and respectful.

Support workers had a good understanding of people's needs, wishes and preferences and demonstrated a caring attitude towards them.

**Good**



### Is the service responsive?

The service was not consistently responsive to people's needs.

People did not always receive a consistent response to their care and support needs, this affected some people's confidence in the service they received.

There were appropriate arrangements in place to deal with people's concerns and complaints.

**Requires Improvement**



### Is the service well-led?

The service was not consistently well-led.

The provider had failed to keep accurate records of people's needs.

Systems used to check and monitor the service, did not always identify action required to ensure people received a quality and safe service.

**Requires Improvement**



# New Horizon Care

## Detailed findings

### Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was carried out by 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.

Before our inspection we looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed additional information the provider had sent us, such as safeguarding. These are incidents which the provider must inform us about. We also contacted the commissioners, and health and social care professionals for their experience of the service.

As part of this inspection we sent 49 questionnaires to people who used the service and 16 questionnaires were returned. We also spoke with people who used the service and relatives on the telephone, and visited three people in their own homes to gain their views and experience of the service. We visited the provider's office where we reviewed six people's care records and other documentation about how the service was managed. We spoke with the registered manager, a clinical lead and two care coordinators. We also spoke with 10 support workers during the inspection or afterwards by telephone.

# Is the service safe?

## Our findings

We found people's greatest concern was about the quality of agency or relief support workers. An agency worker is a member of staff employed by another care agency or recruitment agency and a relief worker is employed by the provider on a casual basis. People said they found these support workers to be less knowledgeable and not as well trained as their regular support workers. Comments included, "Not having known [staff] who have the experience and training needed is a real concern and worry." Another person said, "Relief workers don't seem to me to have gone through training and they send unsuitable workers who don't understand my wife's condition."

Some people told us they had experienced late calls, including calls from different support workers they were not expecting. This resulted in people feeling anxious, the consistency in the delivery of their care package was affected. Comments included, "Sometimes I've had different workers at short notice." A relative told us that changes with support workers at short notice had a negative effect on their relative. Comments included, "It's the not knowing, this causes my mum a lot of anxiety."

Several people gave examples of when they had not received a call. A relative told us, "I've had occasions when the office staff say we haven't got anyone to cover, what do you expect us to do." Another relative said, "Every time there's holiday or sickness I know there will be problems as office says cannot fulfil night shifts as not enough support workers." This often resulted in relatives providing the care at short notice causing a disruption and anxiety to the person using the service and their relative.

Some people gave an example where by the agency or relief worker shadowed a regular support worker before working independently. However, this was not the experience of all the people we spoke with. This meant there was a risk that relief or agency staff, may not have been fully informed of the needs of people. Some people had complex health conditions that put them at greater risk if their needs were not fully understood.

We received examples from relatives where they felt the provider had an expectation that they would 'fill the gap' when support workers could not be provided. Relative's said that this caused additional stress and affected the person's routine. The registered manager told us that the

case manager's role included preparing and planning for any staffing difficulties on a day to day basis and forward planning. We received examples that showed case managers had not sufficiently planned ahead. This meant there were some shortfalls within the service that affected the response people received when changes occurred.

We spoke with the clinical lead and registered manager, who told us that people's needs were assessed and staff were recruited specifically to provide care for a named person to enable a consistent approach. This often involved recruiting a team of support workers for a person due to the package of support provided. The registered manager said this approach provided the resources for staff to cover for staff sickness and leave. This was good practice and people confirmed that on the whole, they received consistent care from a 'team' of support workers. However, we received many examples of inconsistent care when regular support workers were unavailable, this showed contingency planning was poor.

We found issues that demonstrated a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us and relatives confirmed that they had been involved in discussions and decisions about the care and support provided. Comments included, "I've always felt involved and included in discussions and decisions." The staff we spoke with understood their responsibilities under the Mental Capacity Act (MCA). This is legislation that protects people who lack capacity to consent to their care and treatment. Records showed they had received training in this. We saw some examples of MCA assessments and best interest decision documentation, however, the provider needed to develop a more consistent approach to the MCA to ensure people's rights were fully protected.

We looked at six people's risk assessments and care plans. We saw risks associated with people's health conditions, behaviours, and environment had been completed. These were reviewed on a regular basis for any changes. If changes had occurred, records were amended to reflect the change or additional action was taken such as a referral to a healthcare professional.

The returned questionnaires showed that 100 percent of the respondents said they felt safe from abuse and or harm from the staff that supported them. Comments included, "We feel care is safe and is very good, (name) can't be

## Is the service safe?

happier they (staff) treat her like an individual. Staff are excellent and they all get on very well.” Other comments included, “I feel well supported by my male carer who is very good. I have used the service for several years and it’s a very good service.”

Staff had information available informing them of the action required to protect people from harm or abuse. Staff were aware of their role and responsibilities and we saw

appropriate records had been completed with regard to concerns of a safeguarding nature. This included examples of the action taken by the provider when safeguarding concerns were reported. For example working with the local authority safeguarding team. Staff employed at the service had relevant pre-employment checks before they commenced work. This was to check on their suitability to work at the service.

# Is the service effective?

## Our findings

The questionnaire feedback received showed that 81 percent of people said they would recommend the service to another person. Comments received from people included, “I am very satisfied, I have a fantastic case manager, I am very grateful. Sometimes timekeeping means running late but I can cope with that.” A case manager is a senior staff member who has responsibility for a person’s care package.

We received positive comments from people about how the care and support they received from the service, enabled them to maintain their independence. Comments included, “My care is brilliantly organised, and I have so much independence and two carers visit two days per week, and each take me out. I go for walks, shopping, to see a friend. I am spoilt rotten.” The questionnaire feedback we received showed 94 percent of people stated that the service helped them be as independent as possible.

The clinical lead told us that support workers received training and competency assessments before they were able to provide care independently and that this was ongoing. They also told us that a second clinical lead was employed on a consultancy basis, this enabled clinical support and advice to be available at all times. Staff told us that they received training on people’s specific health conditions and the clinical lead was supportive. Staff said they felt they were able to meet people’s needs effectively due to the training and support they received. Training records confirmed what we were told. However, we were concerned that the training plan did not fully consider the training needs of agency or relief staff.

We looked at six people’s care records. We found that people’s health needs were clearly recorded and there were good instructions for staff about how to meet those needs. Support workers said that assessment and support plan information was clear and helped them to give people the right support. Comments from support workers included, “We have support from the clinical lead. Some people have complex health conditions we receive individual training for that person which is really good and helpful.”

Support staff told us what information they recorded on every visit. This included how they had supported the

person with their health and personal care needs, medication if appropriate, dietary and nutritional needs and social support. This information was then reviewed on a monthly basis by the case manager, to ensure people’s needs were met in line with their care plan. It also allowed an opportunity to amend care plans or take action such as a referral to health care professionals if a person’s needs had changed. We saw some examples of daily records and saw they confirmed what we were told. Staff also told us about the communication systems in place to share information with colleagues. This included daily verbal and written exchange of information and regular team meetings. This was an effective way to record, monitor and discuss people’s needs.

People received support to maintain their health and well-being. People we spoke with who used the service and staff gave examples of how health needs were supported. A relative told us that the support workers and the clinical lead were quick to respond to any changes affecting the person’s health. Comments included, “I’m confident that swift action is taken if there are any changes or concerns with [name] health care needs.” Comments received from staff included, “I support a person to attend hospital outpatient appointments and to attend appointments with the doctor and dentist.”

Staff told us about the induction they received and that they found it supportive in developing their awareness of their role and responsibilities. They said it provided valuable information about the service, including training.

The provider had a policy on supervision and appraisal. The registered manager told us that they were aware that staff had not received the level of supervision meetings they should receive. They said that additional senior positions were in the process of being recruited to, and that this would improve the quality and quantity of supervision support workers received. Staff on the whole told us they felt supported and that they had contact with their line manager but formal one to one opportunities to discuss and review practice, training and development needs was infrequent. The registered manager showed us a supervision and appraisal plan they had developed for the year that demonstrated they had showed a commitment of improving the support provided to staff.

# Is the service caring?

## Our findings

We spoke with people on the telephone and visited three people in their own home about their experience of using New Horizon. Comments included, “I am very satisfied with the regular support workers, and (relative’s name) has 24 hour care at home. They are understanding, caring and keep me informed so I have no concerns.”

Through both the questionnaire and talking to people, we asked if support workers treated them with dignity and respect. The response received was 100 percent positive. Comments included, “Everyone I come into contact with treats me with respect and dignity.”

From the questionnaire feedback we received, it showed that 100 percent of people described support workers were as kind and caring. 88 percent of respondents told us they were happy with the care they received from the service.

The questionnaire feedback also showed 81 percent of people told us they were always introduced to their support worker before they provided any care or support. People we spoke with also confirmed that on whole they had met the person either by them shadowing another support worker, or were introduced by the case manager before they worked independently. This was good practice.

The registered manager told us the person and or the relative was involved in the recruitment and selection process of staff. Staff we spoke with told us they were not aware of people or relatives involved in the recruitment process, and only very few people or relatives said they had been involved. This showed the provider’s intention and commitment of involving people and or their relatives, but this approach required further development to ensure a consistent approach for all people.

Support workers showed a good understanding of the needs of people they cared for, and a genuine interest and concern about people’s welfare.

We spoke with support workers who gave us examples of how they maintained people’s privacy and dignity. Comments included, “It’s important to remember we are visitors to the person’s home. Promoting people’s choice making and independence is key with any support we provide.” Additional comments included, “Confidentiality is really important. Sometimes we have to provide personal care, you have to be sensitive in the way you provide this care and support. I treat people in a way I would like to be treated.”



# Is the service responsive?

## Our findings

We found some people spoke positively about the New Horizons case manager responsible for their care package, whilst other people raised concerns. Some people had experienced up to four different case managers in a year. Other people commented that they did not know who the case manager was or had received infrequent contact from them. Comments included, “I don’t often see a case manager but understand there is a new management team.” And, “I am very satisfied I have a fantastic case manager.” This shows that people received inconsistent care management. The registered manager told us that there had been some changes with case managers due to staff leaving, and that the provider had recognised the need to increase the capacity of case managers to provide a more responsive service.

From the sample of care plans we looked at we found information was personalised, and included people’s preferences, routines and what was important to them.

Relatives told us that they had been involved in the pre-assessment and the development of people’s plan of

care and support, including reviews of the care package provided. However, the documentation in a person’s care record stated that the person who used the service and their relative were present at review meeting in July 2014. We asked the person and their relative about this review but they told us they had not been present. This was a concern as the information was incorrect and misleading.

The registered manager told us and support workers and case managers confirmed, that the daily recording records were reviewed and evaluated monthly. This enabled changes to be made to the care plan to ensure it reflected the needs of the person. This meant systems were in place that enabled the provider to be responsive to people’s changing or fluctuating needs. However, we found the electronic records we looked at in the office did not match up with the sample of care plans and documentation we looked at that was kept in people’s own homes. A case manager gave an explanation that new documentation was in the process of being introduced. This could be confusing to either new support workers or agency or relief staff and lead to inconsistencies in the care and support provided to people.

# Is the service well-led?

## Our findings

We visited a person in their own home and found the care file was disorganised and care plans, risk assessments and other important documentation was out of date. Care plans and risk assessments were dated 2012. Medication records showed that they had not been completed since April 2014. However, the relative confirmed medication had been administered. We asked the care coordinator who accompanied us on the visit to view these records. They were unable to provide an explanation of the poor presentation of the file and the out of date records. This concern was brought to the attention of the registered manager who took appropriate action. However, review systems and quality assurance checks had let this person down. The person's care and safety was compromised.

These issues demonstrated a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Whilst we saw the provider had various quality assurance systems in place, we found and the registered manager agreed that these required reviewing. For example, whilst the registered manager said 'spot checks' were carried out to check the practice of support staff, these were infrequent and not recorded. Support staff told us that whilst case managers sometimes visited them during work, this was to speak with the person using the service and to see how they were generally. The registered manager showed us an action plan they had developed prior to our inspection that showed the areas of improvement they had identified. This showed the provider had a commitment to improve standards.

75 percent of people who responded to our questionnaire told us that the provider responded well to any complaints or concerns raised. However, we received additional information from people through direct contact, who told us they had some concerns about how their complaints had been responded to. Comments included, "I do think the company are good but there are always staffing problems. I'm always complaining about it." Another person said, "We first raised concerns two years ago about missed or late calls and again recently, not a lot changes. I don't feel important."

We saw the provider had received 16 complaints since January 2014. We looked at the action taken to resolve the

issues and saw they were brought to a satisfactory conclusion and within a timely manner. This showed people experienced an inconsistent response to the complaints they made.

We saw the provider had received a good number of compliments within the last 12 months from a range of people, including commissioners and healthcare professionals about the service provided. Some examples included, "I would like to thank the guys for all their hard work. No one could fail to see the fantastic, positive impact that their work had upon improving the quality of life for this person and their family. These are clearly no small achievements." Another person thanked the service for the support in setting up a care package. The person stated they felt their concerns were listened to, and nothing was too much trouble. "Staff were very approachable and supportive."

Support staff spoke positively and showed a good understanding and commitment to the providers overall ethos about the service provided. Comments included, "We support people to maintain their independence at home by enabling people to lead a full and active life."

The clinical lead talked to us about a piece of development work they had worked with healthcare professionals with, about the hospital admission and discharge experience for people who used the service. A policy and procedure, including emergency information had been developed that had been sent to the clinical commissioning group (CCG) for approval and agreement. This demonstrated positive partnership with other agencies to promote best practice and better outcomes for people.

Support workers told us they felt the leadership was supportive and approachable. Positive comments were received about communication. Comments included, "Communication is good, and you're kept in the loop. We receive memos, emails and newsletters so we feel involved and know what's happening." Support workers also told us that they felt confident to raise any issues or concerns and that they would be responded to." This showed that support workers felt valued and listened to.

We saw examples of staff meeting records that showed staff were involved in discussions and decisions, about the care and support they provided to people and issues relating to the service.

## Is the service well-led?

The provider had a system for support workers to report any accidents and incidents. We looked at these records

and saw what action had been taken to reduce further risks. Team meeting records showed that any reoccurring themes and lessons learnt were discussed with support staff to reduce further incident where possible.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records <b>Regulation 20 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Records.</b> The registered person must ensure that people are protected against the risks of unsafe or inappropriate care and support arising from a lack of proper information about them by means of the maintenance of accurate records.

Regulated activity	Regulation
Nursing care Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing <b>Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.Staffing.</b> The registered manager did not take appropriate steps to ensure that at all times, there were sufficient numbers of suitably qualified, skilled and experienced persons employed at the service.