

New Horizons Broad Oak Limited

New Horizons Broad Oak Ltd Resource Centre

Inspection report

Unit A7(e/f) Continental Approach
Westwood Industrial Estate
Margate
Kent
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Tel: 01843295680

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24 November 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 November 2016 and was announced. At the last inspection on 31 January 2014 the provider was meeting all the standards we inspected.

New Horizons provides family support and individual personal care to people in their home environment and on a one to one basis in the community. On the day of our inspection eight people were receiving personal care.

There was a registered manager in post who was also one of the providers. 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.

People were kept safe from harm because staff understood their responsibility to protect them from abuse and poor care. People's risks were assessed and staff were provided with management plans to support people in the least restrictive manner. Staff maintained a consistent approach to support people when they became anxious or presented with behaviours that challenged their safety. There were processes in place to ensure staff were suitable to work with people in a caring environment. The provider maintained a flexible approach to staffing to support people and their families.

People received their medicines and staff had recorded them accurately. Staff understood the importance of supporting people to make choices for themselves and recognised how they expressed themselves. Staff provided people with food and drink which met their needs. People were supported to maintain their mental, physical and psychological wellbeing.

Staff developed kind, caring and considerate relationships with people which recognised their independence and promoted their dignity and respect. People and their relatives were supported to maintain their relationships.

Staff provided personalised care which reflected people's likes and dislikes because they knew them well. People were encouraged to try new activities and staff recorded what they did or did not enjoy to ensure what they did met their preferences.

Relatives were asked for their views on the service, supported to raise concerns and felt they were listened to by a provider who cared for them. Staff were provided with information about people and supported to raise queries. There were processes in place to ensure the service improved when shortfalls were identified. The registered manager understood the requirements of their role.

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 abuse and poor treatment because staff were suitably recruited and understood how to keep them safe. People's risks had been identified and there were arrangements in place to reduce them. Medicines were recorded accurately.

Is the service effective?

Good ●

The service was effective. People were supported by staff with the skills and knowledge to care for them. Staff understood the importance of gaining people's consent. People received a choice of food that was suitable for their individual needs. People had support from healthcare professionals to support and maintain their wellbeing.

Is the service caring?

Good ●

The service was caring. People and staff had developed good relationships with each other. Staff recognised people's right to privacy and protected their dignity. Staff supported people and their families.

Is the service responsive?

Good ●

The service was responsive. People's care was planned with them to meet their personal preferences. Staff knew what was important to people. People were able to take part in activities and pastimes which they enjoyed. Relatives were empowered to raise any concerns and were confident action would be taken.

Is the service well-led?

Good ●

The service was well-led. People, relatives, staff and healthcare professionals were asked to share their views of the service. The registered manager understood the requirements of their registration. There were arrangements in place to ensure areas for improvement were identified.

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Detailed findings

Background to this inspection

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

This inspection visit took place on 24 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people with a learning disability living in their own homes and we needed to be sure there was someone available in the office. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and other information we held about the provider when we planned the inspection.

We met with the provider, the registered manager, who was also a provider and the deputy manager at the organisations office to look at the records relating to the management of the service. We were unable to speak with people who used the service but spoke with three relatives by telephone following the office visit. We also spoke with three members of the care staff to hear how they were supported to care for people.

We looked at four care plans to see if people received the care that was planned for them and four staff files to ensure staff recruitment was suitable.

Is the service safe?

Our findings

There were systems in place to keep people safe. A relative told us, "I feel my relation is safe when they're with the [registered] manager and the team. If you feel your relation is safe it's a great weight of your mind". Staff told us they had processes in place to report any concerns they had about people's safety, relating to any potential for harm or ill treatment. One member of staff told us, "If I didn't feel people were being supported properly or were at risk I'd tell the [registered] manager but we also have the telephone numbers to make the call ourselves". We saw that when a safeguarding concern had been identified, relating to care not provided by the service, appropriate action was taken to ensure that the person was protected.

There were risk assessments completed for all aspects of people's daily care and support. We saw, for instance that people's road safety risks and those for travel in the minibus had been assessed. Staff were provided with guidance on the way to ensure people remained safe when they were out walking. Staff told us that one person would become distressed if there were animals close by and to ensure their safety they would walk one in front and one behind them. We saw this matched the approach that was recorded in the person's care plan. There were risk assessments for travel in the minibus which included the most appropriate seats for people and the actions staff should take to support people and keep the driver safe. We saw that when people had seizures there was a step by step management plan in place for them to ensure they were supported safely and referred for emergency care if necessary.

Some people demonstrated behaviours which challenged their safety and that of others when they became anxious. We read that staff used a consistent approach to support people. For example, we saw that when one person displayed behaviour that challenged staff were advised to use a standard statement when they responded. Staff told us what they would say and one member of staff explained, "We say, no thank you [name of person]". We saw that when incidents were recorded this approach had been used consistently and this showed this had been successful in settling the person and calming their anxiety.

There were sufficient staff to support people. A relative told us, "We have a small, regular team. It would be difficult if my relative had lots of changes and they understand and support that". Another relative said, "They will always work flexibly with you, for instance if you have a hospital appointment they will change the hours to help you out, even at short notice". A member of staff told us, "Staffing isn't a problem. We always have staff on standby and staff are willing to cover when needed, plus the managers will step up when we need them". There was a suitable recruitment process in place. We looked at four staff files and saw that recruitment processes were completed before staff were able to start working in the service. Staff provided references and completed police checks to confirm their suitability to work within a caring environment.

People's medicines were managed safely. Most of the people who used the service were supported by their families with their medicines. We saw that staff provided additional support with medicines when people were provided with respite care. One relative told us, "The staff are really rigorous with medicines, they've picked me up sometimes if I've sent the wrong ones". Another relative said, "They give [name] their medicines, they've never missed".

Is the service effective?

Our findings

Staff were supported to learn new skills and update their knowledge to ensure they cared for people appropriately. Relatives we spoke with said the staff were knowledgeable about people's needs. One relative said, "The [registered] manager has helped me as well when I've needed some advice on dealing with particular issues". Staff told us, "I'm up to date with my training but you can go and refresh whenever you want to remind yourself. You don't need to wait until it's due". We saw that staff were provided with opportunities to discuss their performance and support needs. One member of staff told us, "I get supervision every three months but I can ask if I want it more frequently. I can talk about any queries, any worries, my own problems and how I feel I'm doing. It's very good". This demonstrated that staff were supported to discuss aspects of the care they provided and personal concerns. Staff told us that their equality, diversity and inclusion training included understanding the difficulties people in wheelchairs face. One member of staff told us, "We're given a list of tasks to complete whilst we're in a wheelchair. Another member of staff pushes us around. When I did mine I had to go on a bus in the wheelchair, go into shops and the post office to buy shopping and stamps and use the toilets in a shop. You really see how people in wheelchairs are treated, how people look at the support worker and not the person in the chair. It's a fantastic experience".

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. Staff understood the importance of gaining consent from people and offering them choices before providing care and support. One member of staff told us, "It's about supporting people to make decisions when they can't do so for themselves". Another member of staff said, "We always try to involve people in their choices, for example we'll put two drinks in front of them and watch how they react. We show them the one they've indicated but always check again for a thumbs up". This demonstrated that staff respected people's choices and supported them to make decisions.

People were provided with food and drinks of their choice. Staff prepared food for people based on their preferences and presented it in the way that they required. Staff knew if people needed their food mashed to ease their swallowing and reduce their risk of choking. One relative told us, "We have a book with [name of person's] favourite foods and their dislikes but staff know them really well". Staff told us about encouraging people to make healthy food choices. One member of staff said, "[Name] really loves cake and chocolate but they've had to try and cut them out. We explained the reason why but it was hard for them at first. They've got so much better now".

People were seen by other healthcare professionals when they needed support to maintain their physical, mental and psychological health. A relative told us, "My relation has been going to the dentist and staff come with us to help me and provide support. I couldn't do it without them, it would be very difficult".

Is the service caring?

Our findings

We were unable to observe people being cared for but everyone we spoke with was complimentary about the staff and the support they provided. One relative told us, "The staff are really kind. My relation likes them, we'd certainly know about it if they didn't". Another relative said, "I'm really happy with the service, they fulfil all my relations needs. The staff are so friendly and helpful". We heard staff speak of people with affection and knowledge of their support needs. One member of staff explained to us, "Some people are unable to communicate verbally with us but we can tell if they're happy or not by what song they're singing". This demonstrated that staff understood people's individuality and the way they expressed themselves.

People were supported to maintain their privacy and dignity. One relative told us, "My relation's personal care is always done privately. The curtains and the door are closed. That's what I'd want for myself so it's only right that they have the same. The staff are good about it".

Staff were respectful to people and their families. One relative told us, "The staff show respect to my relation and to my home. They don't take advantage of anything. Very friendly and respectful at the same time". People's independence was promoted by staff. Staff understood people's capabilities and encouraged them to do as much as they could for themselves, for example a relative told us that staff always encouraged their relation to eat unassisted once they had prepared their meal.

People were provided with respite support. The provider offered weekends away in a static caravan based on the coast. A relative told us, "[Name of person] goes to the caravan and absolutely loves it. In fact they always come back in a bad mood because they don't want to leave". Another relative told us, "I couldn't ask for better help. They're not just there for my relation they've helped me and supported me as well. Couldn't ask for a better service".

Is the service responsive?

Our findings

People received care that met their individual needs. A relative told us, "My relation has some quirks and they understand how to care for them. A member of staff said, "I love working here. We know people's likes and dislikes and their preferences so we can provide care that's centred around them". We saw that people's care plans contained information about them and reflected their individuality. For example what people could do was recorded, such as, we read that one person was able to put on their shoes but needed support from staff to tie their laces. We saw that staff used a range of communication tools including cards for people to show if they were happy, sad or angry. This demonstrated that staff encouraged people to express themselves and share their satisfaction with their care.

Relatives told us they were involved in planning and reviewing their relations care. One relative told us, "We have an annual review which is an opportunity to change things we don't think are working as well, for instance there may be an activity we don't think [Name] is enjoying as much. They are very willing to listen to us".

Staff supported people to spend their leisure time doing whatever they enjoyed. We saw that staff were supporting one person to explore different areas to walk in. A member of staff told us that this was being done to expand their activities. Staff recorded the person's reaction to each area to gauge their enjoyment and one member of staff told us, "We're trying to see which walk works the best for [Name]".

People felt empowered to raise any concerns or complaints and were provided with information to support this. Relatives we spoke with told us they had no complaints about the service. One relative said, "I have no concerns. If I did I would speak to the [registered] manager of deputy and I am absolutely confident they would do something". Another relative told us, "I feel I can talk to them about any problems". There had been no complaints since our last inspection. The registered manager told us, "We have a good rapport with relatives and we contact them all the time so we don't get complaints as such".

Is the service well-led?

Our findings

There was a registered manager in post who understood the requirements of their role and their responsibilities. Relatives knew the registered manager and spoke highly of them and the support they provided. One relative told us, "The [registered] manager is the most empathetic person I know. She just gets it". Another relative said, "The [registered] manager has been wonderful to me and my relation. I can't fault her". Staff told us they enjoyed working for the company and felt well supported. One member of staff told us, "We are very well supported here". Another member of staff said, "We can go to either the [registered] manager or the deputy, they're both really approachable, we can go to them with any queries".

Everyone who was involved with the service was given opportunities to share their views. We saw that people who used the service and their families were encouraged to share their opinions in a satisfaction survey. One relative told us, "We are asked for our feedback. I've completed one recently". We read the responses that were received after the last survey and saw they were all positive about the care and support people received. Families were provided with a quarterly newsletter to keep them updated about changes in the service. We saw that changes in staffing were included in this to ensure relatives knew who was new or had left the service. Staff told us they had regular meetings to discuss changes in the service and provide updates about the people they cared for. We read in the minutes from the last meeting that staff were able to discuss the people they provided support to and update other staff on their progress. There was also a work related quiz with questions such as, 'why were incident forms important?' and 'how staff could contact the local safeguarding team directly if they had concerns. This demonstrated that staff were provided with regular updates on people and their own responsibilities.

There were some quality monitoring systems in place to drive improvements in care. We saw that the way staff recorded medicines was reviewed to ensure that any errors if they occurred, were identified. Managers worked alongside new staff to observe the care they provided and their rapport with people. A member of staff told us, "The [registered] manager and the deputy keep an eye on us whilst we're working". The registered manager told us, "We always try to provide constructive criticism to support staff. For example we'll say 'I like the way you're doing that but can we try this'. This demonstrated there were arrangements in place to ensure areas for improvement were identified.