

Support Horizons Community Interest Company

Support Horizons

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Support Horizons provides care to people living in a variety of 'supported living' settings. Not everyone using the service receives regulated activity. The Care Quality Commission only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. The service supported nineteen people, within the scope of our registration at the time of this inspection. The service also provides support to other people which does not fall within the remit of the Care quality Commission, where support does not include personal care. The Care Quality Commission (CQC) does not regulate premises used for supported living, this inspection looked at people's personal care and support. The service is a 'Community Interest Company'. This means it is operated for the benefit of the people supported and any surplus capital is reinvested to benefit them. People and their representatives make up half of the board of directors.

At the last inspection, the service was rated Good in all domains. At this inspection we found the service remained Good in all domains and was rated Good overall.

People felt safe and well supported by the service. They said staff treated them with respect, looked after their rights and protected their dignity. People felt involved in their care planning. They said staff sought their consent and enabled them to make day to day decisions about their care and activities. People got on well with the care staff but some had experienced issues with office staff. They felt staff were competent and looked after their health and dietary needs. People said they could complain if they were unhappy about something and issues had been addressed. People's views about the service had been sought and improvements had been made.

Identified risks were assessed and mitigated without restricting people's freedom. Individual care needs were assessed and identified and detailed care plans enabled person-centred care. People's health and nutritional needs were supported and their medicines were managed safely on their behalf, where necessary.

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

People were treated with kindness and patience by staff who knew them well and understood their diverse needs and communication. A range of appropriate communication aids were used where needed to help people to express their wishes and choices. People were supported to have access to appropriate activities and the community and their spiritual needs were met.

Staff received a thorough induction, core training and attended periodic training refreshers to maintain their knowledge and practice. They were supported through individual supervision and appraisal. Staff understood the values and aims of the service and felt these were conveyed to them consistently and effectively.

The management team exercised effective oversight of the service. A computerised management system allowed monitoring and analysis of key aspects of the service and regular meetings and reporting ensured relevant information was shared.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Support Horizons

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 site visit took place on 16 and 18 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small domiciliary care service and we needed to be sure that the manager would be available to assist us with the inspection. We visited the office location on the above dates to see the manager and office staff; and to review care records and policies and procedures. We also visited two of the supported living locations where people lived who received 24 hour support from the service. We spoke briefly with three people there, observed interactions between people and staff and examined on-site records.

The inspection was carried out 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. They carried out a series of phone calls to three people supported by the service and a relative to seek their views about their care. We also spoke with six care workers.

Due to administrative changes within CQC a Pre-inspection Information Questionnaire (PIQ) was not sent to the provider for completion ahead of the inspection. The provider supplied all of the information we requested of them during and immediately following the inspection and completed the PIR as well as possible without prior notice. Prior to the inspection we sent surveys to six people receiving support, six relatives and 68 staff. Surveys were completed and returned by 2 people receiving support, 2 relatives and 25 staff. The feedback received is incorporated in the report.

Prior to the inspection we reviewed all the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted three representatives of the local authorities who funded people supported by the service, for their feedback. No concerns were raised about the service.

During the inspection we spoke with the chief executive officer, the registered manager and other members of the senior management team. We examined a sample of three care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including five recent recruitment records, training and supervision records and medicines recording.

Is the service safe?

Our findings

The service remained safe.

People said they felt safe when receiving support from the service. One person said, "Oh yes I do," another replied, "I do." One person felt some staff had more experience and knowledge than others because they knew them well, but they still felt safe.

The service worked to the same systems, training expectations for staff and records for all the people supported, whether or not they fell with the remit of our regulation. This helped ensure consistent standards and expectations around safeguarding practice.

People were kept as safe as possible because appropriate action was taken when a safeguarding issue had arisen. Discussions had taken place with the local authority regarding potential vulnerability relating to social media use and how to support its safe use. Other concerns had been discussed appropriately with external healthcare specialists and the local authority to determine whether a safeguarding referral was necessary.

People were protected because staff received training on safeguarding vulnerable adults which was refreshed periodically. They understood their responsibilities with respect to protecting people from harm and reporting any concerns. Staff were confident the provider would respond appropriately to any concerns raised. Two gave examples of when the provider had responded when they had reported a concern.

The service used a computerised management system which provided effective monitoring of calls and alerted office staff should care staff not attend a visit. This reduced the potential risks from late or missed calls to help keep people safe. The provider had a written contingency plan to respond to emergencies such as extreme weather. The plan included assessment of the level of risk to people should staff not be able to attend to provide support. This would enable the service to prioritise support for those most at risk in the event of an emergency.

Potential risks to people and staff had been identified and mitigated through detailed risk assessments. For example, we saw a risk assessment regarding one person's risk from seizures. This included detailed guidelines on how to respond should this occur. Specialist equipment used in people's homes was checked to ensure it had been serviced and was safe to be used. Staff received training in all relevant aspects of care and their competency was confirmed through observation, before they could carry them out.

The provider had a central record of all accidents and incidents which included a check of the reporting required and details of the action taken in response to the issue.

Sufficient staff were employed to support the current care packages. The service had found recruitment difficult since the last inspection and had lost a number of care packages as people's needs changed. In order to help with staff retention staff were increasingly being offered guaranteed hours contracts and other

improvements to pay and conditions. Gaps in call schedules were covered from within the existing staff team to maintain consistency as much as possible.

People's safety was further enhanced because the service had a robust recruitment procedure. Evidence of the required pre-employment checks was retained together with a full employment history and copies of identification documents.

Aside from one aspect, the service had a robust procedure for managing people's medicines where support with this was part of the care package. Records showed the system was used and monitored. Where medicines were prescribed 'as required'(PRN), no individual guidelines were in place to ensure consistent administration practice. The registered manager undertook to set up guidelines where applicable, immediately following the inspection. Appropriate action had been taken where one instance of practice outside of the written procedure, was found. Medicines errors and omissions had been recorded and followed up within individual supported living settings. The registered manager agreed to establish a system for monitoring and analysing these centrally, in order to identify and act on any potential issues more consistently.

The service provided staff with training on infection control and any necessary personal protective equipment. The competence and ongoing practice of staff regarding infection control were assessed and monitored as part of spot check visits to ensure standards were maintained.

Is the service effective?

Our findings

The service continued to provide effective care.

People and a relative told us staff supported people well. They said staff always sought consent before providing personal care. They commented they had been involved in discussions about their care plan and its review. People felt staff supported their healthcare needs and would call the GP promptly if necessary. One person felt there was a need for more experienced staff in the office as sorting their hours out took too long. Some staff also felt communication with the office needed further improvement, although others noted this was better recently. Changes had been made to address this.

People had individualised care plans supported by relevant risk assessments and these documents were periodically reviewed with them or their representatives. Care plans contained sufficient detail to ensure staff were aware of people's preferences and how they wished to be supported. The care plans were cross-referenced to additional documents containing further details where necessary. Staff demonstrated a high level of awareness of people's support needs and knew them well, including their social interests.

People benefited because the service had advocated on their behalf to ensure they were provided with specialist equipment necessary for their care and wellbeing. The equipment provided included adjustable beds, fixed and mobile hoists and individually adapted chairs.

Staff received ongoing support through quarterly supervisions, one of which was an annual performance appraisal. It was acknowledged these had fallen behind over the past year. A training course had been devised to equip supervisors with the necessary skills to undertake this task. A supervision tracking process had been instigated to ensure these were provided as intended and the frequency had improved more recently. The supervision process and records had been improved with a new format which included the service's core values and behaviours, in order to actively reinforce these. Completed records demonstrated reference to these core values and expectations.

People received good quality care because staff were thoroughly inducted and well trained. New staff completed the nationally recognised 'Care Certificate' induction training, either on-line or manually using booklets. Staff were provided with a programme of core training with regular updates. In addition, specialist training was provided as required. Individual competency was assessed through observation following training. The provider's policy was for all staff to be trained to an appropriate level to enable them to provide personal care which most staff did for at least part of their working week. Staff were happy with the induction, training and support provided. Some commented about how it had improved recently. The training records showed there was a rolling programme of training and the service was catching up where individual courses were overdue.

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. Most of the people supported were able to consent to their care and had signed their own care plans. Where they did not have capacity to do so, a representative had signed their agreement with the care plan following best interest discussions. Best interest discussions had also taken place regarding medical tests and referrals to external healthcare professionals. Some people's representatives had guardianship or deputyship responsibilities for decision making on their behalf if they lacked capacity. The service had worked with families to support people's decision-making rights, where they had capacity. Staff confirmed they sought people's consent before providing care.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For a Domiciliary care agency the procedure is that applications must be made to the Court of Protection. An order was in place for one person and another person was to be referred to the Court of protection, following a review.

People's dietary needs and meal preferences were known by the staff working with them and recorded in their care plans. People were offered choice and involved in menu planning and shopping as much as they were able and wished to be. Detailed records of food and fluid balance were kept, where necessary, alongside monthly weight checks, to enable potential concerns to be identified promptly. Where people had problems with swallowing, advice had been sought from the speech and language therapy team and dietitians.

People received effective support with their healthcare needs and attended periodic healthcare appointments. The service consulted with and obtained guidance from external healthcare specialists where necessary. Detailed guidance was provided to staff where specific health conditions were supported. For example, guidelines were on people's files with respect to responding to seizures or regarding feeding via enteral peg tube.

Is the service caring?

Our findings

The provider continued to offer a caring service.

People said staff were caring and treated them with kindness. Their comments included, "They treat me fine, yes," "They are very [kind and caring]", and "Yes they do [treat me well]." One person said staff were, "Kind and caring," but added that some staff weren't confident operating their specialist equipment until shown how to do so. People were happy they had been consulted and involved in their care. One said, "Yes, I had a review recently," another commented, "Yes I am." Staff also said people's views about their care were sought and recorded in the care plan.

People experienced consistent care because the service operated on the principle of providing team support to people, with one primary staff member and a small group of other regular staff. This ensured continuity of care was provided because more than one staff member knew the person's needs and preferences. Where new staff were introduced this was usually through shadow shifts alongside staff familiar to the person.

We saw people were relaxed and at ease around the staff providing their support. People were smiling and interacting readily and staff were involving them in decision making.

As a 'Community Interest' company the service sought to provide employment opportunities for people with needs in common with some of the people it supported who would traditionally have found it hard to obtain employment. They recognised the value of diversity in staff and the positive contribution they could make for the benefit of people. Various staff had been employed within the company consistent with this ethos.

People's individual and diverse needs were provided for in terms of equipment, approach, access to individual activities and opportunities to pursue spiritual needs. Contact had been made with one person's church to arrange for visitors and the provision of written materials which were then read to them by staff. Telephone links had been used to enable them to listen to 'services' live, despite being unable to attend in person. Appropriate diets had been provided related to people's religious beliefs. The service had liaised with the occupational therapy department and others to ensure people were provided with equipment they needed. People's personal lifestyle and identity choices were appropriately supported by the staff.

People were involved by staff in day-to-day decisions about their care and encouraged to make choices for themselves. Staff used a range of communication aids to help people communicate their wishes. These included Makaton, Pictures, symbols and photographs. One person had an interactive tablet PC to help them communicate. Staff described providing visual options to help some people to make a choice. One said, "I take her to the wardrobe to select clothes herself." A second staff member said, "I give them a few options to choose from, this is good in helping them to gain confidence." Another described their approach as, "I interfere as little as possible. I don't take over. I assume they have the ability to make their own decision." Staff also described how they encouraged people's independence and said, "I let them do as

much as they can." A staff member commented, "You ask the question and give people time to respond." Staff all said that information about people's wishes and preferences was recorded in their care plan.

The board of directors included fifty percent people using the service or their representatives. This clearly demonstrated the ethos of a 'community interest company' where people were actively involved in discussions and decision making about the service which supported them.

People and a relative said staff respected people's dignity and privacy. One person told us, "They cover me up with a towel," a relative said, "[Name] likes to be quiet in his room so staff let him do that." Staff described clearly how they maintained people's dignity whilst supporting them, by covering them and ensuring closed doors and curtains. A staff member also referred to seeking the person's consent to care, as part of respecting their dignity. Staff told us they maintained people's confidentiality. One said they did this by, "Not sharing confidential information with others.

Is the service responsive?

Our findings

The provider continued to offer a responsive service.

People were supported to make choices using their preferred communication and any necessary communication aids were used to facilitate this. When asked if they could make choices and decisions for themselves, one person said, "I do that," another told us, "I make my own decisions."

People were engaged in activities of their choice and supported to plan a variety of outings and activities through the week. The provider offered some specific activities open to anyone who wished to take part. These included weekly pub meals and an art class. One person said, "I go shopping, and go to the café and the pub in the summer, [and do] cooking with my support worker." Where it was evident people were not benefiting from an activity, staff offered or arranged new opportunities to broaden people's experiences.

Staff knew the people they supported very well and had access to detailed information about their interests and wishes within the care plan and associated records. Staff knew how to intervene where people were becoming agitated or anxious and how to support them prior to this to divert them from negative behaviours. A range of assistive equipment and communication aids were used to facilitate people's active involvement in their day to day lives.

People said they knew how to complain if they had any concerns but none of those we spoke with had needed to do so. A relative told us they had, "Made a few suggestions," and hoped they would help staff look after their family member. Staff understood their advocacy role on behalf of people where they saw issues the person would wish to complain about. They also understood people's non-verbal communication.

Where complaints had been made the service investigated and followed them up to try to ensure the complainant was satisfied with the outcome. The management team identified some changes and improvements made in response to concerns or complaints made. For example, people's care staff rotas were now sent out to them in advance. New staff had been employed in the office as co-ordinators to liaise with people and representatives. Members of the management team also carried out more home visits to check face-to-face that people were happy with their care. One of the management team was responsible for overseeing any quality improvements were maintained.

The service complied with the 'Accessible Information Standard', which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Key documents were made available in easy read versions. These included surveys, annual general meeting agenda, minutes and voting forms and, to some extent, the service's complaints form. The complaint process was also verbally explained to people. However, when people were asked whether information was provided to them in a way they could understand, we received mixed opinions. One person was happy with the information provided. One said they, "Sometimes" understood. Another person said they understood what some staff said to them, "depending on what they are trying to explain." They went on to say some staff used long words they didn't always understand and

they wanted simpler words and text. We discussed how this might be addressed with the registered manager.

Is the service well-led?

Our findings

The service continued to be well led.

People felt the service was well led and that members of the current management team were approachable and dealt with issues raised with them. They said their views about the service had been sought.

A registered manager was not in place at the time of inspection. However, an application had been made by the proposed registered manager. 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 benefited from a well-managed service. Within the management team key roles were delegated to individuals to ensure each task could receive sufficient attention, with regular management meetings to discuss the overall operation of the service. As a Community Interest Company, the service had a chief executive, deputy chief executive and board of directors, consisting of fifty percent volunteers and fifty percent service users/representatives. The board of directors met periodically to discuss the future direction of the service. As a not for profit service, any financial surplus generated was used to further improve and develop the service provided.

People benefited from the service's four key principles of care; Choice and control over the service used; flexibility and personalisation of support; promotion of independence and inclusion and providing a safe and secure service. Support was offered flexibly from a few hours per week to 24 hours per day. People were supported to manage their own individual financial budgets to enable them to maintain as much control as possible.

Staff were happy that support was provided through individual supervision meetings and felt they could approach senior staff if they had any issues or concerns. Some felt team meetings did not take place often enough to keep them up to date. Staff felt the service had clearly expressed goals, vision and expectations regarding good practice. They said these were communicated well through meetings, staff handbook, supervision and emails from the chief executive. They were kept informed about the plans for the service. Staff said there was a positive culture and that where issues arose, they were addressed by management. Staff members noted the recruitment of a new field care supervisor and a training manager as evidence of the service's drive for ongoing improvement. Another commented, "This is the best agency I have been with." Staff felt able to challenge or question practice when necessary. With regard to this staff said, "They are quite open, to be honest," "Yes I can [challenge practice]," and "yes we do that quite often." One staff member felt management could listen a bit better to the views of support workers. The management team acknowledged they had identified this issue internally and had taken steps to improve communication.

The service undertook a major review in 2017 in response to various issues identified. This led to significant improvements in systems, management structure and delegation. Over the last year a number of significant

improvements were made to the comprehensive computerised management system implemented two years ago. Monthly financial reporting had helped ensure issues were identified promptly so action could be taken in a timely way. A range of monthly and bi-monthly management meetings took place to maintain effective governance over the service. The computerised management system enabled effective oversight of key areas, including care call management, staff supervision and training. An annual business plan was produced to identify goals and progress was regularly reviewed.

The views of people and representatives were sought regularly, verbally and via an annual survey. The results of the last survey in Summer 2017 were broadly positive but some issues regarding the communication with the office, had emerged. Action had been taken to address this which had led to improved feedback. A staff survey had also been carried out with limited response. The views of staff were also sought within individual supervision meetings. The approach of staff was monitored as part of periodic spot check visits and any issues were addressed via supervision. The chief executive also told us they produced a quarterly staff update to keep them informed. Management recognised the importance of the staff as a key resource and gave examples where support had been offered to individuals to help them remain in post.

The service worked effectively with other agencies, sought and acted upon specialist advice when necessary. Staff were provided with clear guidance where specialist advice had been obtained, to ensure advice was followed appropriately.

One incident had occurred, which upon discussion, management realised should have been notified to the Care Quality Commission. All other appropriate actions, including training, review of care plan and risk assessment, had been taken following the incident and a retrospective notification was provided. The manager and chief executive agreed to ensure any future incidents were notified when required. The manager was aware of the service's responsibilities under 'Duty of Candour', to provide an explanation when an accident or incident had occurred, to the person or their representative. We saw that they had carried out their responsibilities. However, records to show this were not readily available. The manager agreed to ensure an effective 'duty of candour' record was set up to enable the service to demonstrate its actions clearly.