

New Horizon Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

New Horizon Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection they were providing a service to one person.

The service was registered with the Care Quality Commission on 5 January 2017. This was their first comprehensive inspection since registration.

A registered manager was in post. 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.

There were appropriate safeguarding processes in place to safeguard people from harm that included a comprehensive risk assessment for people and staff.

There were sufficient staff to meet people's needs and safe recruitment practices were in place.

The person receiving the service did not need support with their medicines as this was provided by their relative. The provider did however have appropriate policies and procedures in place to support people safely with medicines if required.

The registered manager and staff had relevant health and social care qualifications and completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

Records showed appropriate consent had been sought in line with legislation and guidance.

Records showed the person was supported to have their health needs met, with access to health professionals as required.

The person and their relative told us the relationship between them and the provider was good. They both told us the relationship was a very caring one that they valued highly.

The registered manager and staff spoke about the person they supported with care and kindness. Assessments and care plans included details of their preferences and wishes for care and support.

The person's relative told us they were fully involved in the assessment and care planning process. There was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way.

The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way.

The provider had systems and processes in place to monitor the quality and safety of the service.

Due to the service currently only supporting one person we were unable to rate the service because there was insufficient evidence available for us to do so. The registered manager told us they were hoping to expand the service and provide support to more people which may enable us to rate the service at the next inspection.

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 safe. A relative was confident their family member was safe while receiving care from the provider.

The registered manager had a thorough understanding of how to keep people safe from avoidable harm and abuse. There was a clear safeguarding policy and procedure in place.

Risks to the person were identified during assessments and there were clear plans in place to mitigate these risks.

There were enough staff and recruitment practices ensured staff were suitable to work in a care setting.

Policies and procedures for the administration of medicines were in place to ensure they were managed in a safe way.

Inspected but not rated

Is the service effective?

The service was effective. The person using the service was supported by well trained staff who were knowledgeable and had the skills to care for people effectively. Staff received regular effective supervision.

The person who received care and support from this agency at the time of this inspection was capable of making their own decisions about their care. Consent was provided in line with legislation and guidance.

People were supported to have their health needs met and access healthcare services where needed.

Inspected but not rated

Is the service caring?

The service was caring. People valued the care they received and liked the staff who supported them. There was consistency in the staff supporting the person and this enabled staff to build close working relationships with them.

Staff involved the person using the service as much as possible in their care and took their views into account when making decisions. Staff respected people's privacy, dignity and

Inspected but not rated

independence.

Is the service responsive?

The service was responsive. People's needs were assessed before they started to receive a service and again when their needs changed.

Care plans were detailed and contained information about how to provide personalised care. Care plans were reviewed and updated regularly.

There was a robust complaints process in place and relatives knew how to raise concerns.

Inspected but not rated

Is the service well-led?

The service was well-led. Staff were well supported by the registered manager. There was clear management and leadership at the service and staff were aware of their roles and responsibilities.

The registered manager undertook regular spot checks to review the quality of care delivery and there were procedures for obtaining feedback from the person using the service and/or their relatives.

Inspected but not rated

New Horizon Homecare Limited

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 took place on 4 October 2018 and was announced. We gave the provider four days' notice of this inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. While we on the site visit we spoke with the registered manager and the member of staff supporting the one person. We reviewed the care records for the person receiving care and the staff records. We also reviewed records relating to the management of the service, including policies and procedures. Following this inspection, we spoke on the telephone to the person receiving care and their relative.

Is the service safe?

Our findings

A relative told us they were confident their family member was safe while receiving care from the provider. They told us, "I trust them, it's a good service. We think it's safe."

The registered manager was confident about what action to take in response to any allegations of abuse and was knowledgeable about the different types of abuse people who received services might be vulnerable to. The member of staff we spoke with said, "If I had any concerns, I'd report it to the manager and we would raise a safeguarding alert with the local authority and tell CQC."

From our discussions with people and our review of the records we saw there were no allegations of abuse and no incidents of safeguarding concerns. There were effective systems in place including a comprehensive safeguarding policy and staff had sufficient knowledge to ensure people were protected from avoidable harm and abuse.

Risks faced by people during care were identified during the assessment process which included an assessment of the person's home to ensure it was a safe environment to deliver care. There were detailed risk assessments in place to address the risks faced by the person receiving care.

Risks that were identified included the risk of non-attendance of staff due to unexpected illness or transport failure, risk of financial abuse, falls, moving and handling and pressure care. There were detailed instructions for staff to follow in order to ensure risks were mitigated. This meant risks to the person receiving care had been identified with measures in place to manage them to ensure they received safe care.

A relative told us staff cover was excellent and met the needs of their family member. We saw from the staff rotas staffing arrangements were adequate to meet people's needs. Staff told us that they had enough time to carry out the tasks required and they would inform the registered manager if they felt they needed more time to complete complex tasks or any additional tasks. There was out of hours of hour's management cover provided by the registered manager.

Recruitment checks were carried out before staff started working with people using the service. We saw employment references for staff, identity checks and a criminal records check. This helped to ensure staff were safe to work with people who used the service.

The person using the service did not require to be given or to be prompted to take their medicines as this was done by their relative. We saw that there was an appropriate policy and procedure in place that gave staff guidance about the administration of medicines. A medicines risk assessment was in place to help make sure people received their prescribed medicines safely and at the right time.

Is the service effective?

Our findings

Staff records showed staff completed training so they could support people's needs effectively. This included training in safeguarding adults, moving and handling procedures, fire safety, infection control, medicines, food safety and health and safety. The registered manager told us additional training would be available for staff if they provided care for people with other needs such as learning disabilities.

Records showed the registered manager provider had NVQ level 5 qualifications in health and social care and management. This meant staff were qualified to provide care and support to people and there were plans in place to train future staff recruited.

Staff told us they had meetings with the registered manager to discuss their current working practices, any issues or concerns they had about their work and the people they supported and any further training or learning they needed to support them in their role.

The person using the service had capacity to consent to specific decisions about their care and support needs. Staff were prompted as part of the person's support plan to respect the wishes and choices of the person when providing them with care. Staff had received training in the Mental Capacity Act (MCA) 2005 so they were aware of their responsibilities under this Act.

The person using the service required support from staff with their personal care such as with showering. The support plan set out their specific preferences for this so that staff were able to provide them with the support they needed. Staff recorded the support provided so that all involved in the person's care and support could monitor that the person effectively to meet their needs.

Daily records maintained by staff indicated that when they became concerned about the person's health and wellbeing they reported this promptly so that appropriate support could be obtained from the relevant healthcare services.

Staff told us this was to help to ensure the person's health and welfare needs were assessed and met. Staff were aware of procedures to follow if they had urgent concerns about a person's health and how to obtain support in a medical emergency.

Is the service caring?

Our findings

A relative told us the provider had developed a 'really good and positive' relationship with both them and their family member. They said, "They show they really care, they provide excellent care to my relative. They have a really good rapport and we would not want to be without them." Staff spoke about the person they supported with kindness and affection. They talked about their interactions and the importance of trust in the caring relationship in a way that demonstrated they understood the importance of strong relationships in care delivery.

There was a good level of information for staff about the person using the service to help them understand the person they were supporting and what was important to them in respect of their care and support needs. This included information about the person such as a brief life history, the people that were important to them, their likes and dislikes and their preferences and choices for how they wished to be supported with their needs.

The provider spoke about the person they supported with a high level of respect. Their tone was respectful and care plans contained details of how to support the person to maintain their dignity during personal care. The relative told us they knew their relative was comfortable with the care provided.

Records maintained by staff at each visit to the person using the service indicated the support they had provided reflected what had been agreed and planned for the person. This included respecting the person's choices and decisions about how support was provided to them.

The person was supported by staff they were familiar with which helped to ensure continuity and consistency in the level of support they received. Our checks of daily records maintained by staff for the person using the service indicated that they had been supported by the same staff members.

Is the service responsive?

Our findings

The person using the service told us that staff provided them with exactly the care and support they required. Their relative said they were very happy with the service being provided and the registered manager was responsive to any requests made of them.

We saw people's needs were assessed before they could start using the service. Care plans were developed based on the assessments completed by the registered manager. The plans were then agreed by the person using the service or their representative. A copy of the care plan was kept in the person's home for reference and another in the agency office.

Care plans we looked at provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues.

A relative told us they were confident that any complaints or concerns they might have would be addressed effectively. The relative of the person who was currently receiving a service said that they felt able to raise any issues with the registered manager. They said, "I would get in touch with the manager. They do ask how satisfied we are with the service and if any changes are required."

The provider had a complaints procedure that was given to people and their relatives when they started using the service. We saw there was a review date to ensure relevant changes were taken into account. The procedure included recording the action taken to address the complaint and the outcome desired by the complainant. The registered manager told us that complaints were used for learning and to improve the support for people using the service. Staff knew how to support people to raise issues or make a complaint.

Is the service well-led?

Our findings

Relatives were very positive about the registered manager and staff that supported their family member. A relative said, "The manager and staff are excellent." They told us they felt listened too and able to approach the registered manager and other staff about any concerns they may have. They said there was an open and transparent culture at the service. The service provided was person centred and met the needs of the people they supported.

It was clear from our discussions with staff that morale and motivation was high. We saw that staff were well supported by the registered manager who undertook regular spot checks of staff practices. These checks looked at how staff were working practically with people as well as monitoring their performance. Spot checks also reviewed staff's adherence to policies and procedures, including complying with infection control procedures, wearing personal protective clothing and displaying their ID badges.

The registered manager said as the service grows they believed in investing in their staff to ensure a good quality service was being delivered.

The registered manager told us that due to currently only supporting one person, they had not yet implemented their feedback questionnaires that were intended to check and audit the work undertaken at the service. They had templates that could be used for auditing and checking purposes but at the time of inspection they were checking care records during care plan reviews.

We saw policies and procedures in place that covered all aspects of the work undertaken at the service and this provided good support and guidance to staff regarding processes and good practice related to their work.

The registered manager was aware of their CQC registration responsibilities including in what instances a statutory notification should be submitted.