

Horizon Care (South West) Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection was announced and took place on the 6 and 8 September 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

This is the first inspection of the service since it was re-registered with a new location address with the Care Quality Commission in August 2016.

Horizon Care (South West) Limited is registered for the regulated activity 'personal care.' At the time of the inspection they provided personal care to around 280 people living in their own homes.

There is a registered manager in post who is also the provider. 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.

The service was a family run business and the management team were committed to providing a good quality, effective service to people. The provider said, "We are supporting vulnerable people, we need to get it right for them." They did this by supporting staff well to promote a consistent staff team, listening to people's views and looking at ways to continually improve. One person said, "They [the staff] are always lovely. They are reliable and courteous and very helpful. If they are late they ring me and apologise. I've never had to complain." One relative told us, "It's a gold star agency. [Carer's name] especially is a superstar."

People told us they appreciated the visits from staff who were always cheerful and treated them with respect. One person said, "Some [care workers] are wonderful, so nice and I have one care worker who is so helpful. They turned up with a bookshelf for me when I said I needed one. They are like family now."

Care workers said they enjoyed working for the service. They were well motivated and committed to providing a service that was personalised to each individual. People were fully involved in planning their care and support and care plans were comprehensive to make sure staff had all the information required to support the person. This helped to make sure people received the support they wanted.

There were quality assurance systems which monitored standards and ensured any shortfalls were addressed. People and care professionals felt listened to and said they could speak with a member of the management team at any time. Any complaints, including smaller comments and 'grumbles' made were fully investigated formally and treated as learning to enable the service to improve.

People received effective, safe care which met their individual needs and preferences. People told us the

service was flexible and made adjustments to accommodate their wishes and changing needs. For example, when people had health appointments or where two people had specific needs there was a contracted agreement that they had access to an on call number at any time which would ensure a visit to provide personal care. Where any concerns were raised about a person's health or well-being prompt action was taken to make sure they received the support and treatment needed.

People were complimentary about the care workers who supported them. People told us staff were kind, caring and respected their privacy and dignity. There were sufficient numbers of staff employed to ensure people received their care and support at times of their choosing. The service were revising their care worker 'runs' to reduce the number of care workers that people received support from. They had recognised that some people, although receiving care from a regular group of care workers, sometimes had seven care workers in a week. However, people told us they knew who was coming to support them in advance and were happy with the care provided.

Most people had a small team of care professionals who they were able to build trusting relationships with. The rota manager tried to match care workers to people using the service to promote good relationships. People said, "They are very kind, they [care workers] can't do enough for me", "They are extremely nice to me, they [care workers] always ask if I need anything else doing" and "Yes they support me in a caring and supportive way, they keep me going."

Care workers were well trained and competent in their roles. Staff undertook training in health and safety subjects and received the training and information they needed to meet people's specific needs. Training needs were linked to regular care worker competency 'spot checks' and supervisions. People told us they felt safe and comfortable with the care workers who supported them and able to discuss any concerns with the office staff. One person said, "They [care workers] do make sure I am safe when moving around, as I can't see very well."

Where people received support with medication this was well managed and monitored. Staff had been trained in managing medication and records were completed. Care plans showed how staff were to support people in detail.

People described the service as reliable, telling us that care workers arrived on time and stayed for the allocated amount of time. The office computer system alerted office staff to any late calls as care workers were required to log in on visit arrival and departure. People told us there had never been a missed call and care workers who came were as stated on their rotas.

There was a robust recruitment process to ensure people were protected and cared for by suitable staff. Safeguarding training was completed and staff knew how to recognise and report and action any safeguarding issues to protect people.

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.

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff knew how to recognise and report abuse.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

People were appropriately supported with medicines by staff who were competent to carry out the task.

Is the service effective?

Good ●

The service was effective.

People's health was monitored by staff who knew them and acted promptly when concerns were identified.

People were supported by staff who were well trained and competent.

People were always asked for their consent before care was given.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who treated them with respect.

People's right to privacy and confidentiality was respected.

People were fully involved in all decisions about their care and support. There were regular reviews which enabled people to share their views.

Is the service responsive?

Good ●

The service was responsive.

Horizon (South West) Limited provided people with a service which was personalised to their wishes and needs.

People told us they would be comfortable to make a complaint and felt any concerns raised would be dealt with.

People's care and support was regularly reviewed and adapted to meet their changing needs and wishes.

Is the service well-led?

The service was well led.

People benefitted from a service which was committed to listening to people's views and striving for continuous improvement.

There were systems in place to monitor the quality of the service and any shortfalls identified were addressed promptly. There were robust contingency plans in place to deal with staff shortages and adverse weather.

The registered manager/ provider and management team were open and approachable which created a friendly and inclusive atmosphere for people who used the service and staff.

Good ●

Horizon Care (South West) Ltd

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.

The inspection was carried out by one adult social care inspector and some telephone calls were carried out by an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

In the course of the inspection we met three people who used the service and one relative. We spoke with a further eight people and three relatives, on the telephone.

We also spoke with seven members of care staff and received comments about the service via email from five other care workers. The registered manager/provider and director were available throughout the inspection. We met with four office assistants and the company secretary, the rota manager and assistant rota manager, training and HR manager and a community manager.

We looked at records which related to seven people's individual care and other records related to the running of the service. Records included seven care and support plans, quality assurance audits and questionnaire results, staff training records, complaints and three staff recruitment files.

Is the service safe?

Our findings

People told us they felt safe and comfortable with the care workers who supported them and able to discuss any concerns with the office staff. For example, people could choose if they preferred a male or female worker and this was respected. We visited a person who required assistance from two care workers. There was one male and one female care worker present at the time of our visit. The person was happy to receive general support from male care worker, but had requested personal care should only be carried out by a female care worker. During our visit we saw their wishes were respected. The male care worker spent time with the person's relative while personal care was delivered by the female care worker. The person told us how wonderful the male care worker was and how they enjoyed their visits from all the care workers on their rota. One person said, "They [care workers] do make sure I am safe when moving around, as I can't see very well." People we met with their care workers present were very relaxed and comfortable together.

Sufficient numbers of staff were employed to meet the needs of people using the service. Care workers told us their visits were generally well organised and they had adequate time allocated to them to carry out the required tasks and to travel between visits. Records in people's care plans showed that staff stayed with each person for the allocated amount of time. The office computer system alerted office staff to any late calls as care workers were required to log in on visit arrival and departure. People told us there had never been a missed call. One person we spoke with said "They're pretty good on times. Within half an hour either side (as stated by the service statement of purpose as an acceptable timescale)." Some people said care workers could be late sometimes but we saw this was not outside of the half hour. Most people said the office rang them to let them know if a care worker was going to be late and we saw this happening whilst we were in the office and again not over the accepted half hour.

The service was revising their care worker 'runs' (visit routes) to reduce the number of care workers that people received support from in certain local areas. They had recognised that some people, although receiving care from a regular group of care workers, (for example the same care worker on a Monday), sometimes had seven care workers in a week. The rota manager was very knowledgeable about people's needs, which staff were available with which skills and tried to match people's personalities with care workers. People told us they knew who was coming to support them in advance and were happy with the care provided. We saw there was a high demand for personal care and support in the area and the agency were working with the hospital to try to reduce people's hospital stays. This had meant balancing the times people wanted with the times available at times but the rota manager continued to amend visit times as slots became available. Two care workers said, "We have a good 'run' where we work together caring for the same people each week who need two carers at the same time. It's nice, we know people well and can just do what they need easily. I enjoy it." One person told us, "I only have two different carers really. They are reliable and very helpful. I know who is coming, it's very good and it says on my rota they send me. I've never had any problems, and I would say."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and

barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files seen showed staff did not commence work until all checks had been carried out.

All staff received training in how to recognise and report abuse during their induction period. New staff also received information about local safeguarding processes which included helpful contact numbers. Care workers we spoke with were very clear about their responsibilities in respect of keeping people safe from abuse and were confident that any concerns reported would be dealt with promptly. One care worker said "If I reported anything I know it would be acted on immediately to make sure the person was safe."

Staff carried photographic identification to make sure people knew they were from the agency. Where people lived alone and had limited mobility care workers told us they always made sure people's doors were locked when they left the house and key pads kept secure. Care plans were clear about how care workers were to access each property in a way people were happy with. For example, one person liked care workers to open the door and shout hello.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely with minimum risk to themselves and others. Where people required physical assistance to help them to mobilise the risk assessments stated the number of care professionals needed to assist them and any specialist equipment needed to support them. One person we met told us they needed to be helped to move using a mechanical hoist. They said the staff who helped them were competent when supporting them in this way and they felt safe. The registered manager/provider told us they had recognised that some people with mobility equipment who were responsible for its maintenance found this difficult. Therefore, the agency was devising an equipment catalogue so they could offer an equipment maintenance service in the future so that people would not have to worry about managing this. This showed that the agency put people first and found ways to make their lives easier.

Where risk assessments highlighted risks such as reluctance to accept personal care or poor nutrition the registered manager sought advice from other healthcare professionals to make sure risks were minimised. Care plans and risk assessments were amended to take account of any recommendations made and clearly recorded any refusals so that people received the care they needed in their best interests. Staff also kept good records about any incidents or highlighted concerns. For example, where people were living with dementia, care workers highlighted particular behaviours such as hiding food to ensure staff knew what to look out for to keep people safe.

People who required support to administer medicines received support from care workers who had received training in this area. Each care professional had their competency to administer medicines assessed and could only support people with medicines when they had been deemed competent. There were regular 'spot check' observations to make sure their practice remained safe. Care plans gave details of the level of support people needed with their medicines. This ranged from reminders/prompts to full administration. Where staff administered medicines they recorded when they had carried out this task. People and relatives commented, "They [care workers] make sure I have taken [my medication]" and "Yes they [care workers] give [person's name] her tablets when they are there, no problems."

Is the service effective?

Our findings

People said they received good support that met their needs and expectations. Comments included, "I think they [care workers] are excellent, I am very happy with them", "They [care workers] are definitely well trained, yes", "Most of them are very good" and "Yes I don't have any problems with carers." One relative said, "On the whole they are very good, quite organised and do everything they are supposed to." Some people preferred certain care workers to others but said they would ring the office if this became a problem.

People could be confident their health care needs would be monitored and action would be taken to make sure they received the treatment and support they required. One person told us, "They have gone to accident and emergency department with me before." People felt that care workers would help them if they needed to see a GP for example. One care worker told us how a person had needed emergency medication and once the GP had faxed a prescription over to the nearest open pharmacy on a weekend they went and got them for the person. Another care worker had noticed that a person had to go to hospital appointments alone so now accompanied the person to ensure they had company, which the person was happy with.

All staff received training in first aid and basic life support when they started work. This ensured they had the skills needed to respond to medical emergencies. One care worker told us when they arrived at one person's house, the person had had a fall. They made them as comfortable as possible and contacted the emergency services who did not arrive for some time. The registered manager said how they had arranged visits for subsequent people so that the care worker could stay with the person to wait for the ambulance and offer reassurance to the person. The agency had discussed processes of managing falls with the emergency services. They were looking at various types of emergency portable equipment that could safely manage certain situations without the need to call an ambulance. .

The service responded promptly to concerns about people's health. On the first day of the inspection one care worker telephoned the office to report a concern about a person to office staff. A GP was called with the person's permission and the care worker waited at the person's house. The on call records were also very detailed and showed where changes in people's health had been identified and acted upon. For example, there were various entries where care workers had stayed with people who did not seem to be feeling well. One care worker called the NHS hotline with a person which resulted in a GP visit. Another care worker had called the office to say they were staying with another person who was not feeling well. Each person had a computer file at the office where all contact could be logged with their care plan and updated with any changes. Where care workers noted medication stocks were low they called people's families who were managing the medicines to alert them to low stock. This ensured any changes in people's needs were identified, actions taken and care plans updated with any changes. Care workers could also be notified immediately if there were changes in the rota, for example if a person had gone to hospital. If people called the office, staff could also note how far the care worker was from the next visit. Most office staff were also trained in delivering care so they could understand what was happening 'in the field'.

Each person using the service had a hospital passport to make sure they received the support they needed if they were admitted to hospital. This document contained information about their health needs, how they

communicated and the things that were important to them.

The agency supported some people with meal preparation and took action when they felt someone was not eating an adequate diet. One person said "They're pretty good with meals. Always check what you fancy and do the washing up."

Where care professionals had concerns about a person's nutrition they took action. For example one person had not been eating well, choosing to only eat a particular food. The service had contacted their family and GP. They had a close link with the person's district nurse and shared information, attending safeguarding meetings and gathering advice. Records showed the registered manager communicated regularly with other people involved with the person's care to make sure they received appropriate support.

People received effective care and support from care workers who had the skills and knowledge to meet their needs. People told us they thought staff were well trained and had the skills needed to support them. People had preferences for certain care workers but said overall staff knew what they were doing.

People were supported by workers who had undergone an induction programme which gave them the basic skills to care for people safely. New staff had weekly supervision for the first three months. This ensured new care workers were able to share any concerns and their line manager was able to make sure that they were providing an appropriate standard of care to people. We saw records of regular 'spot checks', some being targeted to particular issues such as infection control. Where any issues were found staff were informed and provided with refresher training in the topic. One care worker told us, "We get good training. I know what to do and the care plans are detailed." Care workers told us they had been able to shadow more experienced staff until they felt confident to provide care on their own, which records showed. Where care workers required additional support with learning methods this was understood and provided. One care worker had achieved the 'learner of the year' for being recognised as picking up a new skill competently.

Staff also were provided with training specific to people's individual needs such as percutaneous endoscopic gastrostomy (PEG) training and additional training in mental health needs. During a recent incident relating to a person with high risk mental health needs, staff had also been well supported. A staff member had undergone additional training and was now the 'lead' in mental health care for other staff to access for advice.

The service used other health professionals to access specialist training. For example, training had been provided by the local hospice on end of life care, a dementia friends co-ordinator and a training company who worked with the university on health and social care topics. Following training from the dementia specialist, one care worker said they had previously done a person's shopping for them but now, having understood dementia care better, they took the person with them, which they both enjoyed.

The service used a range of training methods to make sure care workers had the skills and knowledge they required to carry out their roles. Staff also had access to e-learning with marked workbooks and face to face training sessions. The training room had a range of practical equipment that care workers may come into contact with such as catheters and continence equipment, dressings and mobility equipment. Many staff were undertaking nationally recognised qualifications in care which helped to ensure they were competent in their roles. They were encouraged to complete these with pay incentives. The training manager kept a record of all staff training and had systems in place to make sure care workers were up to date with all essential training. Records seen showed staff had completed a wide range of training including, moving and handling, diversity and equality, nutrition and diet and pressure area care.

Most people who used the service were able to make decisions about what care or treatment they received. People signed consent forms when they began to use the service to state they agreed to the service being provided. People said they were involved in their care and records showed people had been asked for consent before care was commenced or a health professional involved. For example, one on call record stated the person had refused to call the district nurse to check their dressing when it was seen to be leaking so care workers were checking it each visit and encouraging the person to inform their health professional.

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care workers had received training about the mental capacity act during their induction period and there were annual updates to make sure they were aware of any changes to legislation. The management team had a good knowledge of the mental capacity act and had consulted with family members and professionals where appropriate to make sure people's legal rights were protected in their best interests.

Is the service caring?

Our findings

People said staff were kind and caring and met their needs. Comments included; "My carers are kind, gentle and wonderful", "They are excellent, I am very happy with them", "They are extremely nice to me. They always ask if I need anything else doing", "Yes they keep me going" and "They are so helpful." One relative said, "They are very good with [person's name]."

We heard how some care workers had often gone over and above their role to make sure people were safe and comfortable. For example, when a piece of feeding equipment was missing the on-call team arranged for a care worker to pick up the piece from the hospital at midnight to help the person. Care workers gave us other examples showing how they really cared for the people they supported. For example, one care worker had helped the person cut their lawn and put up wallpaper in their own time. They had also noticed when the person's shower mat was slippery and brought them some pads to put in the shower so they would not fall. Care workers spoke about how they had built good relationships with people who did not have other community support and how they ensured they did the 'little things' to help them feel positive such as painting nails, chatting and bringing shopping. One relative told us their care worker often brought doughnuts, which they loved or gifts from a holiday abroad.

One care worker had noticed a person's electricity had run out and had been unable to contact their family. They had ensured, on a bank holiday, the person had access to top up electricity. Other care workers had brought shopping for people who asked for help outside 'shopping days'. Another care worker told us how they had picked up emergency medication for a person and dropped it in later.

Care workers told us they enjoyed working at Horizon and found the work rewarding. The agency made sure the focus of recruiting and training new staff was on the needs of vulnerable people. There was emphasis on absence and sickness management and staff absence levels were low as well as a low staff turnover overall. The agency used a nationally recognised method to monitor sickness levels following set procedures relating to a sickness point system and disciplinary process. We saw during the inspection how the emphasis was on retaining staff and finding ways to support them carry out their work consistently for the benefit of people in their care. The HR manager said, "We don't discipline if we can help staff, we try to be supportive and understanding but it is always about the clients first."

The agency had looked at ways of promoting a consistent team and encouraging staff retention. Projects included setting up a children's nursery to enable staff to be available for work more easily. There were also plans to incorporate offering Horizon coffee morning visits for people receiving care who would like to spend time socialising in the nursery environment (following recent national elderly care research), to bring young and old together. There was a range of employment contracts to suit different staff needs, including pay incentives linked to qualifications. A staff newsletter and correspondence to staff showed how staff were appreciated by the agency and valued. For example, one letter to a care worker from the HR manager said, "Following your recent supervision, I have only one comment- BRILLIANT. You were very attentive to your client's needs that morning as there were some difficulties and you made sure a doctor was called. Well done and keep up the great work." During our inspection office staff were reminded by the provider to stop

for lunch and have a break. They knew about their staff and understood the pressures and external events affecting staff outside work so they could support staff during work.

Care workers said, "I really love my job and wouldn't want to work anywhere else" and "I really enjoy my job and working for Horizon was the best decision I made to do care work." They added, "The office staff at Horizon are kind, caring and do everything they can to make their staff part of the team, when doing on-call I find the staff also help in whatever way they can." Another care worker said they had taken a person to the dentist or shopping when they had not had transport and helped with gardening which was not included in the person's regular support. This care worker said, "I'm really enjoying being a carer." One care worker had taken people cakes and hot custard on Mother's day to celebrate with people who lived alone. Therefore staff felt supported and empowered to provide caring support to people.

The rota manager told us that where possible they tried to match staff to people using the service. This helped people to build relationships with the staff who supported them. People told us they felt able to say if they, for any reason, preferred a different care worker and the office staff would amend the rota where possible. People were treated with respect and dignity at all times. Interactions we saw between people and the care workers supporting them were very respectful and friendly. They had clearly developed a close relationship with the person as well as their family. For example, a group of care workers had organised a surprise birthday party for the person's daughter and had made a birthday cake. The agency also ensured each person received a birthday card from Horizon staff and Christmas cards. This helped to make people feel valued and thought of. Care workers gave examples where they supported people's families as a whole. For example, ensuring a spouse knew they did not have to do so much and that carers could help. One care worker said, "I'm not the only one who has gone above and beyond, all of the care staff and office staff have done for many years, it's a great company and brilliantly run."

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. This was confirmed by quality assurance visit records and 'spot checks'. People told us they felt fully involved in planning their care and care was provided in accordance with their wishes.

Care workers were aware of issues of confidentiality and did not speak about people in front of other people. The minutes of staff meetings showed care workers were always reminded of the need to keep personal information confidential. One person told us, "They are always lovely [the staff] and reliable, kind and courteous."

The agency were able to care for people at the end of their lives although no-one was receiving end of life care during this inspection. The training manager had organised specialist end of life training provided by the local hospice which staff had found useful. The provider told us they made sure care workers involved in someone's care were able to attend people's funerals. Care workers told us how they had taken special socks, porridge and cakes for one person who had recently died so they were attending their funeral to support the family.

Is the service responsive?

Our findings

Horizon agency staff were passionate about providing a person centred service. People said they had been able to request visits at times that suited their needs and lifestyles and these were mostly accommodated. We saw that due to a rise in people requiring support when leaving hospital that people had sometimes compromised on timings of care support. This had meant that some people received care from a larger group of regular care workers. This had been recognised and the agency had started re-assessing visits and timings to enable people to have more regular times and fewer different care staff. However, people were happy with their care and were happy to have been able to continue to be supported at home. The agency ensured they explained to the local authority and the person what their availability was before accepting a care package and people said they had no problems or need to complain.

Each person had their needs assessed before they began to use the service. This was to make sure the service was appropriate to meet the person's needs and expectations and devise a person centred care plan. Care plans were personalised to each individual and contained information to assist care workers to provide care in a manner that respected their wishes. Care plans we read were extremely personal to the individual and contained all the information care professionals needed to meet people's needs and wishes. Information included in the care plan ranged from the support people needed to meet their physical needs to how they liked their tea. People knew they had a care plan and what was in it. Relatives said, "They have a care plan and it has been reviewed recently, they came her to talk about it" and "Yes [person's name] does have a care plan. I am involved in it as well." People said, "I have a care plan and it has been updated recently" and "Yes, I have my care plan and they come out to check on me occasionally."

People were encouraged to maintain their independence as far as possible. The service responded to changes in people's needs and we saw records of how the registered manager had liaised with other professionals to make sure people received care and support which met their changing needs. For example, one care worker called during our inspection to advise the office staff that a person at risk of pressure damage had refused to accept personal care. This had been communicated to the district nurse who also visited the person to ensure their needs were met. Care plans could be updated on the computer system and new care plans taken out promptly to people's homes to ensure care workers were delivering the correct care. For example, one care plan had a task added to ensure plugs were turned off as the person wanted.

People told us the service was flexible and enabled them to make changes to their care if they needed to. People said the service was able to make changes to times to accommodate appointments and social outings.

The service listened to the views of people and care workers to make sure the service was responsive to people's individual needs and wishes. There was a formal annual quality assurance survey which people confirmed and said they had completed. People said, "Yes, I'm quite able. I call them if I have a problem", "Yes no problem, they are very helpful", "I just call the people in the office and talk to them", "I do [feel able to talk to the agency]. The co-ordinator comes out so I talk to her".

All concerns reported, or mentioned, were taken seriously and fully investigated. The registered manager/provider had a real commitment to making sure the service took account of everybody's views and provided a truly person centred service. For example, there was a dedicated complaint manager who kept a clear log of any complaints/grumbles to ensure actions were taken, there was good communication and there was learning to drive improvement. For example, if anyone had said they did not want a certain member of staff they were removed from the person's care team. The rota manager showed us how the computer system could be marked to make sure people only saw the care professionals they were comfortable with.

Is the service well-led?

Our findings

The service was well led for the benefit of the people in their care. People told us they knew the management team and office staff and they were all helpful and easily contacted. The on-call service was well managed and clear records kept of any events out of hours and communicated. People and relatives said the service was well managed saying, "I think it is and I would recommend to other people", "Yes they are quite helpful", "I would recommend to other people because it is well managed", "Yes I do think it is well managed" and "Yes, I do."

The provider and registered manager worked hard to ensure people received a high quality service from staff who were up to date with good practices. The training department provided a wide range of training relevant to individual people's needs and also ensured staff were able to learn effectively using the best learning methods that suited them. For example, training about PEG feeding in a way that enabled a care worker who needed support with learning to achieve 'learner of the year'. Specialists were used to enhance training in topics such as dementia care and end of life. Regular supervisions were also an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

The registered manager/provider had a clear vision for the service which was to provide a person centred service which helped people to stay independent in their own homes. Staff felt fully involved in the work of the agency and there were ways for them to share their views and make suggestions. This was through regular staff meetings, suggestion box and having an available management team. There was strong emphasis on finding ways to improve and have a positive impact on people's lives. For example, looking at forward thinking ways to benefit people by promoting a team ethos and focussing on people's needs discussed in team meetings, providing staff support through praise, learning support and understanding staff needs to maintain reliability and retention. There was the provision of a Horizon children's nursery on site and future projects in progress such as the development of an equipment catalogue and young and old coffee socials.

The service was well organised and the office staff we spoke with had a very good knowledge of the people who used the service and the times and staff they preferred. This enabled them to plan the service around people's wishes. No one we spoke with reported any missed calls and no missed calls were recorded due to a comprehensive computer log in system. This could also be programmed with individual's details to ensure they received care from appropriate care workers, for example female only.

The registered manager/provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

Care workers we spoke with were very aware of the vision and felt well supported to carry out the aims and

values. Staff morale was good and staff enjoyed their roles and felt valued which created a well-motivated staff team. All staff said they felt well supported. We were told they were able to contact or visit the office at any time to seek advice or support. They said the open and approachable management team created a good atmosphere and encouraged them to discuss issues.

The registered manager/provider ensured there were innovative systems to cope with difficult situations such as bad weather and staff sickness. For example, to make sure the service was able to respond if staff were unavailable they had an on call system which was able to contact staff to work at short notice. The managers said most office staff were trained to provide care and often covered any absences. It also allowed any concerns to be reported and dealt with effectively by senior staff. The service had access to five Horizon vehicles which were suitable to transport staff in bad weather conditions or if they had car problems to make sure those who urgently needed their visit would receive it.

The management team had robust quality assurance processes in place which included regular audits. All care workers received spot checks of their work and records were kept and discussed in individual supervisions. People confirmed these happened and they enjoyed the chats. Where additional training was identified as a need for individual care workers this was put in place.

People could be sure their care plans were kept up to date and reflected their current needs and wishes. All care plans were regularly audited by senior staff. We looked at one audit which showed some minor improvements were needed and an action plan was put in place to address this. The next audit showed improvements had been made and all care plans were up to date and comprehensive.

There were annual satisfaction surveys for people using and working for the service. Results of these surveys were analysed and changes in practice were made where needed. The results the last staff survey showed good levels of satisfaction.

To the best of our knowledge the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.