

Horizon Care Supported Living Limited

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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

This inspection took place on 26 May 2016 and was announced. This meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support the inspection. Additionally, the service is a domiciliary care service, which supports younger adults in their own accommodation. As people are often out during the day; we needed to be sure that someone would be in. Horizon Care Supported Living Ltd is a relatively new service and this was the first inspection of the service since it was registered.

Horizon Care Supported Living Ltd provides personal care to people living in the community. Support is provided to people accommodated in a shared, supported living environment in the Dinnington area, on the border of Sheffield and Rotherham. Support packages are flexible and based on individual need. At the time of our inspection the service was supporting three people. The office is situated near to where the people who use the service live.

The service had a registered manager in post at the time of our inspection. 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.

We found the service employed enough staff to meet the needs of the people being supported. This included consistently providing the same support staff, who supported people on a regular basis.

There were appropriate recruitment checks undertaken when employing new staff. Staff had received a structured induction and essential training at the beginning of their employment. This was followed by regular refresher training to update their knowledge and skills.

Staff knew how to recognise and respond to abuse appropriately. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People who used the service were treated with kindness and received support in a way which was tailored to their needs and preferences. People were involved in planning their care, and their privacy, dignity and independence was promoted.

The care and support plans we saw were written in a person centred way, meaning that each care plan was tailored to each person's individual needs.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. Each person who used the service had given informed consent to their care and support.

People knew how they could raise a concern about the service they received. Where issues were raised these

were investigated and action was taken to resolve the concern.

The provider had systems in place to monitor the quality of the service provided. These were effective and developing well, as the service developed and grew.

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.

The recruitment procedure made sure staff were suitable before they provided support to people.

Risks to people's safety were assessed and well managed.

Staff received training so they would recognise abuse and knew what to do if they had concerns about people.

People received support with their medicines to make sure these were safely managed and administered.

Is the service effective?

Good 

The service was effective.

People who used the service were supported to have access to the health care services they needed. They were involved in choosing and planning their meals and healthy eating was promoted.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and its Code of Practice. People who used the service had given informed consent to their care and support.

Staff received training which helped them to do their jobs well and they provided support in ways which helped people to be independent.

Staff were well informed about people's needs and worked well with healthcare professionals to support people to maintain good health.

Is the service caring?

Good 

The service was caring.

People who used the service were treated with kindness and received support in a considerate way, which was tailored to

their needs and preferences.

People were involved in planning their care.

People's privacy, dignity and independence was promoted and protected.

Is the service responsive?

Good ●

The service was responsive.

People who used the service had individual plans which set out the support that had been agreed and how this was to be provided.

People's support plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported

People knew how they could make a complaint about the service they received.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality and safety of the service. These were developing well, as the service developed and grew.

People who used the service were asked for their views and their comments were acted on. People told us they felt listened to, and said the registered manager was accessible.

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Detailed findings

Background to this inspection

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

This inspection took place on 26 May 2016 and it was announced. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

During our inspection we spoke with two of the three people who were using the service. We spoke with the registered manager, three members of support staff, and two company directors including the managing director.

We checked the written records for two people who were using the service. This included their plans of their care and support. We looked at records that related to how the service was managed including the personnel files for three staff members, the minutes of staff meetings, the records of concerns and complaints, along with other systems the registered manager used to gather and record feedback from people who used the service and the support staff, some policies and procedures, and quality audits.

Before the inspection the registered manager of the service had 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. In addition to checking this, we reviewed information we held about the service, which included incident notifications they had sent us.

Is the service safe?

Our findings

People who used the service told us that they felt they were safe. One person said, "Yes, I feel safe." They indicated that the staff contributed to their feeling of safety.

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with two staff members about their understanding of keeping people safe and how they would act if they had any concerns that someone might be being abused. They could describe appropriate procedures in relation to reporting incidents and concerns, and were confident about their knowledge. One staff member said that they had reported concerns in their previous job, and wouldn't hesitate to do so again, if necessary. They added that they had not needed to do so because the other members of the team at Horizon Care Supported Living were exceptionally good and always put people's rights, safety and welfare first.

Our records confirmed that when incidents had occurred, the provider had taken appropriate action and notified the local authority and other relevant agencies. The provider had a policy for whistleblowing. Staff were aware of the policy. Whistleblowing is raising of a concern, either within the service or externally, about a danger, risk, malpractice or wrongdoing which affects others.

We looked at two people's care records, which confirmed that the provider had risk management systems in place. These were prepared when each person was referred to the service, then regularly revisited to make sure they were still suitable, to make sure the safety of the person concerned, and the safety of others where relevant. They included sufficient detail to make sure that staff understood how risks that each person may be vulnerable to, or may present, should be managed.

We noted that there were people who used the service who presented with behaviour that was challenging to the service. There was a great deal of evidence that the frequency and severity of incidents had significantly decreased for one person, over the time they had used the service. The registered manager and staff felt this was due to a planned, consistent approach by the support staff, the positive relationships that staff had built with the person, as well as the person settling into their new home.

We looked at the arrangements in place for the management and administration of one person's medicines and found that this was well managed. There was a clear plan in place, and when staff provided support, they completed records of the medicine administered. We checked these records and found they were accurately kept. The person was working towards more independence in managing their own medicines, and appropriate, secure storage was available to facilitate this.

The written records we saw and discussions with staff and people who used the service showed there were enough staff with the right skills, knowledge and experience to meet people's needs. One person said, "There are always staff to help me." The staff we spoke with told us staffing depended on people's needs. The provider employed eight support staff in all. The registered manager told us agency staff were not used.

Records showed that a satisfactory recruitment and selection process was in place. The staff files we checked included all the pre-employment checks required. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

One person we spoke with told us that they had given consent to their care and support plans and that nothing happened in relation to their support unless they had consented to it. The support plans we checked included evidence of people giving consent to their care and support, and to the way any risks were managed.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager of the service.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to make sure that the rights of people who were not able to make or to communicate their own decisions were protected.

Staff we spoke with told us they felt they had received training to undertake their job. The records we saw showed that staff completed mandatory training such as first aid, medication, moving and handling, fire safety, safeguarding, falls prevention, infection controls and health and safety. In addition to mandatory training staff told us they had completed specific training related to people's individual needs and to the nature of the service. For example, oral hygiene, managing difficult situations & lone working. The registered manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. We saw evidence showing that staff had places booked on forthcoming training.

Staff told us that they recently attended an 'Advanced Autism' course through Rotherham Council. They said there was a second session, the 'Autism Sensory' course and that it was particularly good in offering an insight into the experience of people with autism, as it was provided by someone who had a form of autism. They felt this was very helpful in working with the people who used the supported living service.

One staff member we spoke with told us that when newly appointed they worked alongside existing staff members until they felt confident in their new role. The induction was part practical and part shadowing and staff said the process of induction was thorough and beneficial. The registered manager told us that new staff were to undertake the Care Certificate, which is a nationally recognised programme of training for care workers.

The staff we spoke with told us they felt supported by the registered manager and able to discuss anything with them. They told us they received regular supervision (one to one sessions with their manager). The staff files that we saw showed that staff received regular supervision and an annual appraisal.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that support plans were in place to identify the support and assistance each person required in this area. The plans gave information about the person's likes and dislikes and where necessary, a dietician was involved to support people to have a diet that met their particular needs. People were involved in menu planning and shopping. We visited the supported living environment and found people had access to food at all times and staff were available to assist in food and drink preparation when required. The staff told us the arrangements to support each person with their meals. These were different for each person.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the beginning of each shift, which brought them up to date with any changes to people's support and care needs. We saw the daily records for each person. These included information about any health, financial, personal and housing support provided to people. They reflected people's moods, wellbeing and choices. They showed the lifestyle support provided to people, including what school, work, social and leisure activities people were involved in and what they had eaten. The daily records helped to keep staff up to date with people's needs. There were also regular team meetings, where people's wellbeing and support were discussed.

People were supported to maintain good health and their records showed that the staff had supported people to have access a range of external healthcare services such as GP services, psychology, physiotherapy and chiropody. We saw support plans in place regarding people's health care needs such as, specific physical and psychological needs, along with their hearing, sight and dental care. There was clear records and guidance for staff where people had any specialist needs, and when they used specialist equipment, for instance, to help with their mobility.

Is the service caring?

Our findings

People who used the service told us that staff were "very caring." One person said: "Everything they do is perfect."

We observed staff interacting with people who used the service. Staff spoke to people with respect, upholding their dignity and confidentiality. We saw that all conversations between staff and people who used the service were warm, friendly and positive. We noted that whenever people asked for help or support staff responded straight away to assist the person or checked what they needed. More than one member of staff we spoke with told us that they loved their job and had built very positive relationships with people who used the service.

The care and support plans we saw were written in a person centred way, meaning that each care plan was tailored to each person's individual needs. Where appropriate, care and support plans included information about ensuring people's dignity and privacy was respected.

The care and support plans we looked at included evidence that people had been involved in planning their care and support. There were records where people had recorded their support needs and the goals they wanted to achieve.

Each care plan included daily notes which showed what support and care had been provided to each person. The notes were highly detailed and showed that people's care and support had been delivered in accordance with their assessed needs, as set out in their care and support plans.

People's records included a lot of information about their personal circumstances and how they wished to be supported. The information was being added to and developing over time to give a good picture of people's preferred routines, their interests and the things they did not like. This helped to make sure that staff supported people in the way they wanted. Additionally, one person had an advocate who was actively involved with them, and there was information available to people about the advocacy services in the local area.

Staff received training about equality and diversity. The staff we spoke with described a personalised approach when talking about supporting people. For instance, some people had specific communication needs and work was done to help staff to engage them effectively. One person told us staff respected them and always sought their views. It was clear from talking with the registered manager and the support staff that a great deal of thought and care was put into supporting one person in their relationships.

Is the service responsive?

Our findings

One person told us that they knew what was in their care plan, and knew they could access it whenever they wanted. They told us they had received support from staff to help them read their care plan and that staff had assisted them in this understanding.

People's care and support plans were very well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's health care needs, the goals and objectives, details of any risks that they may present or be vulnerable to and details of their health history. The plans were person centred and had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans.

The registered manager told us that staff were very good at communicating changes in people's needs with relevant parties, such as healthcare professionals. The notes in care and support plans we checked confirmed this. We saw that staff were responsive and took appropriate action to address people's changing needs and provide the correct support.

People had full lives and engaged in activities, and this included in the evenings and at weekends. People engaged in activities in their homes and in the local community.

As people had different preferences, they engaged in a number of different activities, of their choice. For instance, one person was a member of a local soccer team, while another liked to go swimming. People had different needs and levels of independence, and each person's schedule was very individual to them.

The staff knew people well and were respectful of their wishes and feelings. We saw that people were given practical opportunities to make choices, with time to think or to change their minds. We saw that people were involved in decisions and choices about their care. Members of staff told us about choices and decisions people made. The support provided was documented for each person and was appropriate to their age, gender, cultural background and disabilities. We saw that some pictures were used, to provide information to people in formats that aided their comprehension and involvement, and the registered manager told us they were developing this further.

We saw the provider had a complaints procedure which was available to people who used the service, as well as visitors. The registered manager showed us that complaints were logged and were responded to within the provider's timescales. Complaints were also monitored by senior managers within the organisation, to make sure that people received appropriate responses. This also meant that themes of complaints were monitored and appropriate action taken where necessary.

The people we spoke with raised no concerns about the service or the care and support they received. However, they indicated that they would feel comfortable raising concerns or making a complaint if they needed to. One person told us they felt listened to by staff, if they needed to complain, they felt it would be appropriately managed.

Is the service well-led?

Our findings

The service had a registered manager at the time of the inspection. Staff gave us positive feedback about the registered manager, saying they were accessible and approachable. Staff members described the registered manager as, "Exceptionally knowledgeable", "very person centred" and "supportive". They said the registered manager was, "always available", and had an "open door" policy, meaning they could always get advice or support when needed.

The company directors we met told us there was a strong emphasis on the service being a family business, with the motto, 'Our family caring for your family.' They told us that they had initially developed their services as a result of a need for good quality residential care for a member of their own family, and they were keen to make the supported living service as person centred and responsive as it could be.

The provider used a system of focussing on a particular policy and procedure or phrase each month. This served to keep people who used the service and staff aware of developments that were relevant to the service and of good practice guidance. For instance, the phrase of the month in May was 'continuing healthcare', a poster provided an explanation, in plain English, along with internet links for further information.

The registered manager had an audit system, which enabled them to monitor the quality and performance of the service. We saw that this was developing well, as the service established and grew. It recorded in detail, all aspects of service delivery, from incidents and accidents to feedback received by the service from people who used the service and people referring to the service. From this, they maintained a good overall picture of how the service was performing and any areas for improvement.

There were satisfaction surveys conducted for the friends and families of people using the service and a staff survey. One staff member said they were able to remain anonymous when completing the survey, but had chosen to fill in their name, as they felt confident that the management team would accept and utilise their feedback in a positive way.

The registered manager told us they were working on developing of the quality surveys to better suit each person's communication needs. They had started planning work to provide opportunities for people to have greater involvement with staff recruitment. They also wanted to encourage people's involvement and awareness of health and safety for the properties they live in as a whole, and within their own living spaces.

In addition the registered manager also carried out a monthly audit of various aspects of the service, including the condition of the premises, people's care and support plans and health and safety issues. These were thorough, and this meant that any shortfalls were quickly identified and addressed. This also meant that the registered manager had a good oversight of the service and could talk knowledgeably about all aspects of how the service was delivered.

Team meetings took place regularly, which allowed for staff to be updated on developments within the

service and changes to policy or procedure. We checked minutes of recent team meetings and found that they were detailed, and staff signed them to confirm they had read them and were aware of the content.