New Horizons 24/7 Pvt Ltd

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Inspection report

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15 November 2018

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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 took place on 14 and 15 November 2018. This was New Horizons Pvt Limited (New Horizons) first inspection by The Care Quality Commission (CQC). At the time of the inspection there was one person using the service.

New Horizons is a domiciliary care agency. It provides personal care to adults who require support with their mental wellbeing and for people with learning disabilities who are living in their own homes in the community. Not everyone using New Horizons receives regulated activity. CQC only inspects the service being received by people provided with 'personal care': help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 person using the service told us that they felt safe with the service provided. Support workers had a good understanding of safeguarding, what their responsibilities were and could clearly tell us what action they would take if they had any concerns. Support workers received safeguarding training to protect both adults and children.

The person's care needs were assessed and a detailed person-centred care plan was in place to meet the person's needs. Care was delivered by support workers who knew the person very well, promoted their independence and understood how to support them.

Where risks of potential harm had been identified we found that there were risk assessments in place that recorded actions staff could take to reduce the potential for harm.

Medicines were being administered and managed safely by trained and competent staff.

We saw that support workers supported the person to have maximum choice and control over their life. Support was delivered in the least restrictive way and encouraged the person's independence.

Support workers understood their responsibilities in relation to respecting the person's privacy and dignity.

There were enough support workers in place to provide safe and consistent care. We saw that the provider regularly reviewed the staffing levels to ensure care was provided by a consistent support team which meant that there were minimal changes to the person's routine.

We observed that support workers had very positive relationships with the person and their relative.

Support workers were patient, kind and respectful. They took time to talk to the person and answered any questions. We saw that support workers were aware of how to respect privacy and dignity and sensitively supported the person to manage their emotional and personal care needs.

Robust recruitment systems were in place to ensure that suitable people were employed to work with vulnerable people.

A training programme was in place that enabled support workers to provide person-centred care.

Support workers received regular supervision and an annual appraisal which allowed the registered manager to plan any additional training to develop support workers practice.

The person using the service was supported to have maximum choice and control of their life and support workers supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The service had an effective complaints process in place and this was effectively communicated to people. The service actively encouraged feedback about the service they provided.

There were systems in place for the provider to monitor and audit the quality of the service provided including an action plan showing any lessons learnt.

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.

Support workers had a good understanding of their responsibilities around protecting and keeping the person safe.

Safe recruitment systems were in place and made sure that the right support workers were employed.

There were sufficient support workers deployed to meet the needs of the person.

Medicines were managed safely and there were processes in place to check that medication was administered as prescribed.

Is the service effective?

Good

The service was effective.

The person's needs were assessed and their care was planned with a person-centred approach.

Support workers were supported through regular training, supervisions and appraisals.

The person was supported to have maximum choice and control of their life and support workers provided care in the least restrictive way possible.

Is the service caring?

Good

The service was caring.

We saw that the person was treated with kindness and respect by support workers who understood the values of respecting the person's right to privacy, dignity and confidentiality.

Care and support was delivered by a consistent support team who knew the person well, ensuring continuity of their care and routines.

Family relationships and links with the local community were promoted and supported.

Is the service responsive?

Good

The service was responsive.

The service was responsive and flexible in meeting the person's changing needs.

Support workers supported the person to have as much choice and control over their life as possible.

The service had a concerns and complaints policy and used this information to improve the quality of the care provided.

Is the service well-led?

Good

The service was well-led.

The service was well-managed. Support workers were positive about the registered manager and felt supported.

The provider sought feedback from the person using the service, their relatives and support workers. This was used to develop the quality of the service.

Policies and procedures were in place and referenced current legislation and good practice guidance

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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.

The inspection was announced which meant that we gave the provider 48 hours' notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 14 November 2018 and ended on 15 November 2018
The inspection team consisted of one adult social care inspector.

We spoke with the provider of the service, the registered manager, one mental health nurse, one senior support worker and two support workers.

We looked at the care records of the one person in receipt of care, two support worker recruitment files, the staffing rota, medication administration records (MAR), policies, procedures and the records of quality assurance checks carried out by the provider.

Before the inspection we reviewed all the information we held about the service. This included notifications they had sent to us. A notification is record about important events which the service is required to send to us by law.

We also contacted professionals involved in caring for the person who used the service, including commissioners to gather their feedback about the care delivered by the service.

We used the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give us some key information about this service, what the service does well and improvements they plan to make.

During the inspection we visited the person who used the service at their own home and spoke with their relative.

Good

Is the service safe?

Our findings

Support workers provided safe care and support. We were told by the person who used the service, "I'm happy here, nothing to worry about." Their relative told us "Staff are absolutely wonderful with [person's name], they no longer want to run away."

Support workers protected the person from harm and the risk of abuse by having a good understanding of their responsibilities. Support workers could describe the different signs of abuse they would look for and how they would report and record any concerns with the registered manager or provider.

Support workers told us "Safeguarding is about protecting vulnerable people from abuse and neglect in all circumstances by putting appropriate measures in place", "If I suspected any concerns I would report it straight away to my manager" and "If an individual came to me I would first make sure they were safe and away from harm, then report to my manager."

We saw that support workers knew how to respond positively and effectively if the person experienced any distress or anxiety. This was because they knew the person's preferences and what approach worked.

There were enough staff in post to deliver safe and consistent, personalised care.

We saw evidence that support workers respected the person's human rights. Family life was promoted and their relative was supported by the service. A relative told us "The team are great, they make me feel very welcome and include me in any decisions that need to be made. They always put [person's name] at the heart of everything they do."

The provider told us that matching the person's needs with the level of staff was their primary aim so that they could ensure consistency of routines and safe standards of care.

Health and support needs had been assessed to keep the person safe from the risk of harm. We found evidence of risk assessments for medication, dietary needs, positively managing behaviour that may challenge, use of transport, road safety, personal hygiene and mobility.

These risk assessments provided clear actions for support workers to take to minimise the impact to the person. For example, we saw in their care plan that the person did not like people to invade their personal space as this caused them distress. We saw clear guidance for support workers on how they would support the person without being too close. Risk assessments had been regularly reviewed to ensure they continued to reflect the person's individual changing needs.

Medicines were managed in a safe way. We found that suitable systems were in place to safely store and dispose of the person's medicines. Records to evidence the receipt and administration of medicines were in place with daily checks of stock balances evidenced.

We looked at how the provider managed 'as required medicines' (PRN) for example, paracetamol for pain relief and medication for anxiety. We found that the provider had clear guidance for support workers to follow in the administration of these medicines. This meant that support workers could record and monitor their effectiveness for the person and where required request a review.

Topical medicines were being administered and recorded effectively. The provider had topical medicines application records (TMAR) in place to direct support workers where to apply topical medicines on the person's body.

We observed a senior support worker administering medicines. We saw the correct procedures were followed. We observed whilst that during the medication administration process, the person was treat with dignity and respect. They were asked if they were happy to have their medicine at that time and an explanation was given about what the medicines were for.

Support workers had received appropriate training to allow them to safely administer medicines, this was regularly updated. The senior support worker undertook regular staff competency checks to ensure all support workers were up to date and knowledgeable about medicines, infection prevention and providing safe care.

We looked at the processes the provider had in place for auditing medicines. We found that the registered manager undertook regular planned audits of medicines looking at stock, balances, recordings and the administration process. This meant that any errors or inaccuracies were identified quickly and the provider could take actions to ensure that the person was kept safe and getting their medicines as prescribed.

Support workers told us that they were provided with sufficient personal protective equipment (PPE) to control and prevent infections and maintain high standards of cleanliness and hygiene.

Recruitment practices were safe and we found that the relevant checks had been completed. We saw evidence to show support workers had attended interview and that the registered manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before people started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with vulnerable adults.

The provider had assessed the risk to staff from lone working. These included assessing emergency support arrangements, where the person lived, adverse weather and car parking. The provider had a business continuity plan in place to manage these risks.

The provider had systems in place for reporting and reviewing any accidents and incidents. Evidence was available to show how the registered manager would use any incidents as a learning opportunity to minimise the risk of them happening again.

Good

Is the service effective?

Our findings

The service completed a pre-admission assessment to make sure they could meet the person's needs before commencing with the service. The registered manager told us that they would only agree to new packages of care where they were confident of being able to provide the best standard of support and outcomes for the person.

Assessments involved the person, their relatives and other partner agencies, including specialist mental health teams. Assessments detailed the person's individual needs, life history, mental health support, likes and dislikes, communication, mobility, nutrition and cultural needs. The assessment clearly recorded the support a person required and how support workers would deliver this care.

We saw evidence in care records that support workers regularly communicated with the person's GP and community mental health worker.

One support worker told us "The care plan for [person's name] was started before they moved into their own home. The registered manager worked with [person], their relatives, the hospital team and us [support workers] to make sure the care plan reflected [person's name] needs and gave them choice about the care they received. It was really important that [person's name] had control over their life and a say about the care they received."

We saw evidence of how the provider had worked with the person to develop achievable goals and fulfil their aspirations. The person was being supported to develop their independent living skills within their own home. This was empowering them to have control over their life.

We saw evidence in care plans to prevent the person becoming socially isolated. The service supported the person to maintain family relationships and build links with their local community.

Support workers told us how they were supporting the person to build their confidence in going out into the community. One support worker told us "We have achieved walking to the local shops now and our next goal is to add in walking a different route and go to see the horses in the field because we know [person's name] used to love horses when they were younger."

Support workers were trained and had the right skills and knowledge to enable them to provide good standards of care for the person. They told us, "I feel that I have the right skills to care for [person's name]. I have over ten years' experience and feel that my knowledge and training has helped to improve my practice over the years" and "I'm patient, empathetic and always willing to learn more, the company always discuss our development and make sure we are meeting the person's care needs, if we need more training we get it."

We looked at training records for support workers and found that the provider had a robust system for ensuring support workers received training to meet the person's individual needs. We found that training

records were kept up to date and reviewed regularly.

We saw certificates to evidence training. Support workers told us, "I have recently completed training in understanding mental health" and "I have just had falls prevention training but also done safeguarding and infection control."

We found that new support workers undertook an induction programme covering the service's policy and procedures using the Care Certificate materials. The Care Certificate is a set of core standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competencies and standards of care that will be expected.

New support workers completed shadowing shifts (observing) until the registered manager was confident that they had the necessary skills and had built a positive relationship with the person before they could work alone and unsupervised. One support worker told us "During my induction I had formal training but I also completed some outreach work so that I got to know [person's name] well and they got to know me. It was really important for [person's name] to get to know us and build those relationships."

We found that support workers received regular supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Support workers told us they found supervision valuable to their development. We saw that annual appraisals were planned for all staff.

Support workers told us how the registered manager was supportive of their needs. One support worker told us, "Management are always available to answer any questions I have, they support us with anything we need."

We saw evidence that the registered manager regularly undertook 'spot checks' on the quality of the care and support being provided. This included observing support workers following plans of care, good practice for food hygiene, infection control and supporting medication. The registered manager told us that they used these checks to ensure that support workers provided a high standard of service.

The Mental Capacity Act 2005 (MCA) 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 people lack mental capacity to make decisions, any decision made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings this is via an application to the Court of Protection.

We checked that the service was working within the principles of the MCA and found that they were at the time of this inspection.

Support workers had received training on the MCA and were able to tell us how they applied this to their everyday work with people. Support workers told us "MCA is to protect people who lack the capacity to deal with their own care needs. It helps people to make decisions where they can, we must assume people have capacity unless it is proven they don't" and "It's about best interests, people's rights, promoting least restrictive practice and independence. We must always presume capacity."

We saw that support workers ensured the person was involved in decisions about their care and everyday activities. Support workers knew what they needed to do to make sure best interest decisions were made.

The provider had policies and procedures in place to support the principles of the MCA and best interest decisions. The person was supported by their relative who had legal representation for their health and welfare and we saw evidence that the provider had made a referral for the person to additionally receive support from an independent mental capacity advocates (IMCA).

Support workers were protecting the person from under nutrition and they monitored their food and drinks to ensure they were eating and drinking enough to stay healthy. One support worker told us "[Person's name] will only eat certain foods, we always try to give choice and promote healthier options." The person's dietary needs and allergies were recorded in their care plans. Records showed that the person 'likes to eat mainly microwave meals but once I'm settled in my own home I may start to try home cooked meals using fresh vegetables.'

Good

Is the service caring?

Our findings

The service was caring. We saw evidence that support workers involved and treated the person with compassion, kindness, dignity and respect.

We observed support workers patiently talking to the person and giving them choice over all aspects of their life. We saw how they calmly enquired how they were feeling that day, if they would like to go out and allowed the person time and space to respond.

We spoke to a relative who told us "The team [support workers] are really good, nothing is too much trouble for them."

The person's life history was recorded and support workers used this to help them understand the person, allowing for positive and trusting relationships to be built.

We observed that at times the person was unable to verbally express their emotions and feelings. We saw support workers knew how to observe the person's body language and take quick action to provide reassurance to reduce the person's level of anxiety and distress. One support worker told us how they would "Give [person's name] space, talk calmly and provide lots of reassurance so that they know they were safe."

Support workers explained how they promoted choice, privacy and dignity and told us, "It's about making sure [person's name] is involved in all aspects about their life. We are trying to take small achievable steps in supporting [person's name] to be independent and reassure them that this is their own home", "We need to make sure [person's name] realises this is their home and they have a right to privacy. We make sure we always knock on doors and wait before we enter, close doors whilst [person's name] is using the bathroom" and, "It's about asking the person's permission and explaining anything before we do it."

We saw evidence that support workers encouraged the person to express their views and be involved in making decisions about their life and care. A relative told us that support workers would involve them when [person's name] needed some help with decisions. We also saw evidence that the registered manager had made a referral for an independent mental capacity advocate (IMCA) to support the person.

Care was provided by a small team of support workers. This allowed the person to have continuity of their care because support workers understood their routines, likes, dislikes and preferences.

Support workers were helping the person to develop relationships with people closest to them and new links within the local community. Support workers told us how they were supporting people to go out to local shops, pubs and local areas of interest. We heard that the person's relatives were always welcomed at the person's house and invited for meals.

Information was provided about the person's care and support in a way they could understand. The provider had a system for regularly reviewing the person's care needs which involved them and their

relatives.

The provider was aware of their responsibilities with regards to confidentiality and protecting people's data. Records were stored securely in locked cupboards.

Support workers told us that they knew they had a duty to maintain confidentiality and took steps to protect it. They said, "Not talking about the person in front of other people" and "Never discuss outside of the person's home about the support we provide."

The provider had policies for equality and diversity and dignity and respect. The policies included people's right to respect for their religion, sexual orientation, age, gender, disability, race, marriage or civil partnership, pregnancy and progressive illness. Support workers received training in equality and diversity and we saw evidence of how they embed this into their practice.

Good

Is the service responsive?

Our findings

Care was responsive to the person's individual needs.

We saw evidence of how the person had been involved in discussions about their care preferences, views, wishes and choices to form their personalised care plan. We saw information in care plans about their daily routines for example, what time they preferred to get up or go to bed, the food they liked to eat, the music they liked to listen to and choices about their personal care support.

Care plans were being continually reviewed to reflect the current needs of the person and clearly recorded how they wanted their care to be provided. We found evidence that the person's care plan was evolving with the them as they became more independent within their own home.

We saw that the person was also given choice to be flexible about their daily routines. For example, we heard how they would often like to have numerous baths each day and this was supported by their support team allowing the person to have control over their life.

Support workers empowered the person to make choices and have as much control over their life as possible. The person was encouraged to be as independent as possible and be involved in developing their care, support and treatment plans. We saw that the person's relative was involved when they chose to be and where the person wanted that.

One relative told us how they had been involved from the onset in the planning of care and support for their relative and in any reviews that took place. We were told that the provider 'Always involved them in any decisions being made about [person's] care, treatment and support.'

We saw evidence of how the service had worked with the person and their mental health team to ensure they had a positive transition when moving into their own home.

There was evidence that feedback was sought from the person about their experiences of the care and support they received, including how to raise a concern. We saw within their care plan file an accessible complaints form for the person to use if they needed to raise a concern.

The person told us, "I'm happy, I like the staff and living here." Their relative told us that they knew the provider's complaints procedure and believed that if they had any concerns the provider would listen to them and act upon it in an open and transparent way.

At the time of the inspection the service was not providing end of life care for anyone. The registered manager told us they do provide end of life care and would work together with health professionals and palliative care teams should this care be needed.

Good

Is the service well-led?

Our findings

The service was well-led. People at all levels understood their roles and responsibilities.

The registered manager and provider promoted a culture of openness and high-quality standards. Both the registered manager and provider demonstrated a commitment to provide high quality person-centred care by engaging with the person who used the service, their relatives and other partner agencies to ensure the best outcomes.

Quality assurance systems were being embedded into the service. These included audits of care plans, activities, record keeping, support worker files, and accidents and incidents. The registered manager told us how they would be using these to make continuous improvements to the service people received.

Monthly audits of MARs were undertaken and the registered manager told us how these would be used to ensure that people were receiving their medication as prescribed and in line with PRN protocols.

Feedback was being sought from the person who used the service and their relatives. The provider told us how these would be used as an opportunity to learn and continuously improve the quality of the service they provided.

The person's relative spoke positively about the management team. They told us, "[Registered manager and provider's names] are really good, they have worked with me and [person's name] over the last year to build relationships with [person] and work with the health team to plan and support [person] to move into their own home. At times I wondered if it would ever happen but they remained so positive."

We heard how the provider and registered manager were 'on-call' for support workers 24 hours of the day to help when needed. We also saw evidence of 'spot checks' and visits by the provider, that were made to the person's home each week. This made management accessible to support workers, whilst also allowing them to observe practices and ensure the high standards of service were being delivered.

Support workers told us how the registered manager and provider were supportive of their needs. Comments included "They really care and want to make sure we are all ok" and "They ring us on a morning and throughout the day, they are on call 24/7 for us."

We were told by support workers that the registered manager had an open-door policy where support workers could raise any concerns knowing that they would be listened to and acted upon.

We found evidence that team meetings were held every month and support workers told us how they found these "supportive." Minutes from these meetings showed discussions had taken place about 'the challenges the team may face', respecting the person's own home, risk assessments, emergency procedures, lone working, surveys, safeguarding and training.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.