

Living Horizon Ltd

# Living Horizon

## Inspection report

7 Smith Close  
Aylesbury  
HP20 1JX  
Tel: 01296 695225  
Website: [www.livinghorizon.co.uk](http://www.livinghorizon.co.uk)

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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?

Requires improvement 

### Overall summary

Living Horizon provide personal care and support to people who live in two supported living schemes in Aylesbury, Buckinghamshire.

When we last inspected this service in February 2014 the service met the requirements for the areas of its operation we assessed.

This inspection took place on the 30 July 2015. The provider was given 48 hours notice of our visit. This was because the service provides personal care support for

up to seven adults who are often out during the day and we needed to be sure that someone would be in. At the time of our visit there were six people who received care and support within the two schemes.

There were joint registered managers in place. A registered manager is a person who has registered with the Care Quality Commission (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.

# Summary of findings

Although the service was, in general, well-led, we found the provider had not always informed the CQC of important events which they were required to notify us about by law. This was a breach of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

We found people were safe and well cared for. They received appropriate care and support which enabled them to access the community and to retain their independent living skills. The staff team maintained a calm, relaxed and homely atmosphere within the service. People appeared to be at ease and indicated they were happy with the care provided.

There were sufficient appropriately trained staff who had the knowledge and support they required to provide effective care. Where people had specific communication requirements, staff were able to meet these and both understand and make themselves understood effectively.

Staff knew the people they supported and did so in a way that took account of their individual preferences and choice. Staff respected people's dignity, privacy and rights and ensured their healthcare needs were met.

People appeared relaxed and there was positive interaction observed between the providers, staff and people who received care and support.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Risks to people had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People received appropriate support to take their medicines safely.

People received support from staff who had been through a rigorous recruitment process.

Good



### Is the service effective?

The service was effective.

People received support from staff who were trained and supported to do so effectively.

People's rights and choices were respected and staff understood the implication for them and the people they supported of the Mental Capacity Act 2005.

People had appropriate access to the health and social care services they needed.

Good



### Is the service caring?

The service was caring.

People told us the care staff cared for them well and listened to them.

People were supported by staff who knew their needs, communication methods and individual preferences.

People were involved appropriately in decision making by staff who also respected their dignity and rights.

Good



### Is the service responsive?

The service was responsive.

People's care plans were detailed, personalised and included the information staff needed to meet people's identified needs.

People were empowered to make decisions about their lives. They were helped to access activities and pursue interests outside of the service.

People knew how to make a complaint if they wanted to and were supported to do so through the use of appropriate formats they could understand.

Good



### Is the service well-led?

The service was generally well led with one exception.

Requires improvement



# Summary of findings

The registered managers had not notified the Care Quality Commission of all the significant events they were required to by law.

The quality of care people received was effectively monitored through a robust quality assurance system.

The service's registered managers and staff were open, willing to learn and worked closely with other health and social care professionals to ensure people's needs were met.

# Living Horizon

## 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 inspector and took place on the 30 July 2015. The provider was given 48 hours notice of our visit.

Before the visit we reviewed all the information we had about Living Horizons. This included any concerns which had been raised with us about the service or on behalf of people who received care and support.

We contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and social care professionals responsible for people who received care and support from Living Horizons.

During the inspection we spoke with two people who used the service and with six members of staff including the registered managers, we also spoke with two relatives.

We looked at care plans on the service's system for three people who received support as well as two staff recruitment records. We looked at training and supervision records for all staff as well as quality monitoring processes and reports undertaken by the provider.

Following the inspection we received additional feedback from staff and from the provider in response to requests we made for clarification or to provide additional information where that was needed.

# Is the service safe?

## Our findings

We visited one of the two locations where people received support from Living Horizons. We spoke with the two people who received support who were present. In one case we were assisted to communicate by the registered manager using a form of sign language the person was familiar with and could understand.

Both people told us they felt safe and were well-looked after. They made it quite clear they would tell someone if they were unhappy or did not feel safe. We saw copies of two recent reviews undertaken by health and social care professionals which included details of their conversations with people who received care and support. They were positive people's needs were being met in a safe way.

Where people were vulnerable to exploitation or their safety was at risk within the local community, the risks had been recognised and assessed and systems and procedures were in place to protect them as far as that was possible. For example, where people may have been vulnerable to financial exploitation, appropriate controls were in place. When we spoke with the people concerned, they were aware of the controls and agreed they were necessary to help them manage their money safely.

Assessments of risks to people included any specific health needs, for example diabetes, and how this was to be managed to maintain their health and safety.

People were supported to have independent access to the community. We saw associated risks had been assessed

and where necessary control measures put in place. We saw people had been involved in decisions about risks to them and had agreed to any restrictions or systems put in place to protect them.

We observed how staff interacted with the people they supported. The people who received support appeared at ease and comfortable with them. The staffing levels were appropriate to the care needs of the people who were supported and included waking night staff cover. The staffing numbers on the day we visited agreed with the rota and included 24 hour on call procedures if additional staffing were required at any time.

Staff received training on safeguarding and when we spoke with them they had a very good understanding about the service's policy and procedures. We saw safeguarding referrals had been made to the local authority safeguarding team, although not to the CQC. Where action had been required we found the provider had co-operated fully and had taken any action required of them.

We looked at recruitment records and spoke with staff about the recruitment process they had undertaken. We found the recruitment process for staff ensured people were safe and received care and support from people who were suitable to do so.

Staff provided supervision and support for people with their medicines. Staff training records showed medicines administration training was updated annually with most staff due an update in November 2015.

The provider had a business continuity plan in place in the event there was a major disruption to the service. This meant risks to people's health, safety and well-being would be minimised.

# Is the service effective?

## Our findings

People's needs were effectively met by staff who had received appropriate training and support. We looked at training records and spoke with staff. Staff outlined a range of core and specialist training they had received and this was confirmed from the training records. Training was provided through different methods and people. This included suitably experienced staff, external training providers, local authorities and health and social care professionals.

Training was provided for staff where people who received support had specific needs. For example, where they had no verbal communication or had patterns of behaviour which had to be taken into account whilst care and support was being provided.

We saw review records for people carried out by independent health and social care professionals responsible for individuals who received care and support. They were positive about the quality and skills of the staff team in meeting their client's needs effectively.

People received care and support from staff who were supported through formal and informal supervision. The provider had a system in place for the supervision of staff. We spoke with staff and saw records of regular supervision. As well as formal supervision, staff told us they were able to receive support from and raise any issues with from the registered managers at any time.

Care records for people were maintained on a secure, backed up computer based system. These records were

comprehensive, clear and easily accessed by staff. Care records included reviews of care and risks and recorded the involvement with people's care of a range of health and social care professionals.

Health and social care professionals carried out regular reviews. These were recorded in people's care records. Those comments we received or saw were positive about the standard of care records they found.

People's rights were protected. Registered managers and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA). When we spoke with the registered managers and staff they had a very clear understanding of their responsibilities under this legislation which protects people from action which is not in their best interest or to which they have not agreed when they have the capacity to do so. Training records confirmed staff had received training in the implications and application of the MCA.

The service had positive liaison and effective working with other services. This enabled people who received care to access the community and specialist services where necessary. This included any specialist health services they needed. Routine healthcare appointments were supported and the outcomes were documented in care plan records.

People received support to make choices about food and to take part as they were able in shopping for food and food preparation. Advice and support was accessed as necessary from community dieticians, for example where people required support to understand the implications for their health of eating things which impacted negatively on them.

# Is the service caring?

## Our findings

People told us they got on well with the members of staff and the registered managers. The interactions we observed were friendly and appropriate. Staff spoke in a respectful way and allowed people to speak without interrupting them. The registered managers and care staff we spoke with all knew the people they were supporting very well. They had made positive relationships with them and had a very good understanding of their individual needs and preferences as to how their care and support was given.

One person had an informal advocate and one person had active family involvement in their care. Details of advocacy services were available within the service and were included in the statement of purpose.

We contacted two relatives who told us they were satisfied with what they saw or were aware of about the care and support provided to people. They said staff were caring and patient and that liaison and communication between the service and themselves was good. They were involved, as appropriate, in the decision making process and felt able to express their views and opinions of their relative's care. "They are very happy" was one comment and another relative told us; "They have their independence, looks happy and eats plenty."

The service confirmed they had made representations on behalf of people they supported, where they felt their needs had changed and increased support and care was required. This meant people's care and support could be re-assessed and where agreed, amended, to ensure it continued to meet their needs effectively.

We observed how people were able to make informed and realistic choices. Staff asked people what they would like to do on the day we visited. People were able to make decisions and access the community independently, subject to appropriate risk assessment.

People's care plans included relevant information about their needs, preferences and future ambitions where these had been ascertained. We saw positive comments from people who commissioned or monitored care on behalf of the local authority. In one case they recorded; "It appears the team are working well with (the person) in regards to their choices and understanding of what is available to them".

There were policies and procedures in place in respect of end of life care. These ensured people would receive appropriate care and support, including input from specialist health care agencies. At the time of this inspection the needs and age profile of people who received support meant this was unlikely to be a current issue or experience for the service.

We saw personal records were securely stored and care systems were password protected. Throughout our observations, people were treated with respect and listened to with patience and understanding. People's different communication needs or preferences were well-understood and staff received the necessary training to support them communicate sensitively and effectively.

# Is the service responsive?

## Our findings

We spoke with two people who received care and support, in one case with the aid of a staff member who used an appropriate signing method to help us. People told us they were satisfied with their care and were able to influence how their care and support was provided. In one case, where the person had previously struggled with their finances, systems and ways of working had been agreed with them to help them manage their money. They told us they understood why this had been done, and told us they realised it was to stop them spending more money than they had.

Relatives told us they were kept informed about the care and support their relatives received. They said their relatives were independent, and the service respected that, whilst also working with the person to meet their selected goals. One relative told us this had included a programme to build a person's health and fitness. However, they told us their relative had struggled to keep to this programme all the time.

Both of the people we spoke with told us they were able to go out independently and engage in different community activities. Relatives were satisfied people's views were properly taken into account and that staff helped them to achieve self-respect and independence. Staff we spoke with demonstrated a commitment to the people they supported having choice and control about how they spent their time.

We found staff offered support and encouragement to people to access the community and take part in activities

they enjoyed. This included talking with local services and shops used by people who received support, so they could be reassured about, for example, payment for any goods purchased.

People had care plans which were focussed on them as individuals, their needs, wishes and future goals. They were individual and not all the same. Care records included details of people's personal history, care needs and details of those people and event which had been or were important to them. People's support took account of their individual personalities. They described people's preferred routines, the activities they enjoyed and how they communicated. People received appropriate and sensitive support to manage any behaviour which might present a risk of harm to themselves or others.

We saw detailed reviews of people's care needs had taken place. These had involved the person concerned and appropriate health and social care professionals. The service had been proactive in involving social care professionals where they assessed a person's needs had changed significantly. This helped people's needs to be effectively met as they changed. Changes in needs were reflected in care plan system records.

The service had a complaints policy and procedure, which was available in an accessible format for use by people who received support. Those relatives we spoke with told us they had not had cause to complain. They confirmed they would do so if they did, but thought it more likely any minor issues would be dealt with informally with the staff and registered managers.

# Is the service well-led?

## Our findings

People benefitted from a service which was in many ways well-led. However, the registered managers had failed to notify the Care Quality Commission (CQC) about important events that had happened and which they were required by law to inform us about. For example, where police had been involved with the service or where safeguarding referrals had been made to the local authority.

This was a breach of Regulation 18 of the Health and Social Care Act 2008(Regulated Activities) regulations 2014.

Staff morale was, in the view of those members of staff we spoke with, very good. "I love working here" was one person's assessment. Staff were aware of the service's whistle-blowing policy, however they told us they would almost certainly talk to the registered managers about any concerns they had or could imagine might occur.

The service had systems in place to assess and monitor the quality of care provided for people. Service user satisfaction forms were in a format suitable for them. We saw copies of a local authority contract monitoring review and spoke with two social care professionals who had experience of the service and who monitored its performance. They were positive about the standard of care and record keeping they found and also of the responsiveness of the registered managers in addressing any issues identified for improvement.

Medicines records and records of financial transactions undertaken on behalf of people who received care and support were monitored and audited. The registered managers worked with social care professionals to put in place systems to monitor and control people's money where they agreed this was needed to protect the person from financial abuse. The people concerned told us they understood why this was done and had been involved in decisions about this process.

When we spoke with the registered managers about the service and the people who received support from them they were aware of the needs of the people concerned. They both had business backgrounds or from within the police service. They had developed and undertaken training to provide them with awareness and understanding of social care and good practice. They had both undertaken registration with the CQC which had assessed their fitness to manage a regulated service.

The registered managers and staff engaged with community facilities and other health and social care providers to meet people's needs outside of the service safely and in line with people's needs and preferences.

The way the service's records were kept, with an ability to monitor activity in real time as well as recording activity was both comprehensive and quite innovative. There was a secure system in place to protect and back-up records in the event of a major failure or emergency.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Personal care

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The registered persons had not notified the Care Quality Commission of abuse or allegation of abuse in relation to a service user or any incident which had been reported to or investigated by, the police. Regulation 18 (2) (e) and (f).