

New Horizons Homecare Services Limited

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Inspection report

Unit 8, Step Business Centre
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Tel: 01142903627

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Ratings

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

Summary of findings

Overall summary

About the service

New Horizons Homecare Service Limited is a domiciliary care agency providing personal care to 45 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Consent to care was sought and recorded however it was not always clear whether they had capacity to consent and others had the legal authority to make decisions on their behalf.

We have made a recommendation about recording people's consent and relatives legal authority to act on someone's behalf.

People's needs and choices were assessed and met. Staff training was comprehensive and thorough. New staff received an induction and shadowed experienced staff members. Staff were supported through appraisals and supervisions and were encouraged to develop. People were supported to eat and drink where this was required and encouraged to eat where they were nutritionally at risk. Procedures were in place to ensure information to support people was shared and discussed appropriately with health professionals, where necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were positive about the service and the care and support they received. Risks associated with care and the environment were recorded and monitored. People's needs were assessed and used to determine staff numbers, rotas were produced in advance and people received consistent support. Staff were recruited using established practices. Procedures were in place to administer medicines safely. The use of personal protective equipment was described in care plans and was available to staff. Systems were in place to learn from incidents and actions to improve took place and were recorded.

Compliments and surveys showed people were happy with the service they received. Care plans recorded people had been involved in their care planning and in regular reviews. Daily log books showed how people's privacy and dignity were respected.

Care plans contained information for staff to support people according to their needs. Concerns and

complaints were logged, monitored and responded to by involving the person and checking they were satisfied with outcomes. Actions were taken to improve where necessary. People were asked about their end of life wishes.

Managers were clear about their vision for the service, there was an open-door culture and discussions with people, relatives and staff were encouraged. A governance framework was in place which involved regular checks and audits. Managers understood their regulatory responsibility; a discussion was held about safeguarding notifications. Annual surveys took place for people, relatives and staff; feedback from these was analysed and actions taken to improve the service. Plans were in place to produce a survey to gather feedback from professionals. Managers took opportunity to learn and improve. Managers worked in partnership with other organisations to develop and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 3 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

New Horizons Homecare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector, supported by an assistant inspector who made telephone calls to people, relatives and staff.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 September 2019 and ended on 19 September 2019. We visited the office location and made telephone calls to people, relatives and staff on 18 September 2019. We spoke to one relative on 19 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people and relatives about their experience of the care provided. We spoke with eight members of staff including the provider and registered manager, the Human Resources Officer and the Compliance Officer.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received further information from the registered manager confirming the completion of actions taken following our recommendation.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All potential safeguarding incidents were identified and reported promptly to the relevant authorities. Managers held a log of these and undertook investigations, where necessary.
- Staff understood and recognised the signs of abuse and how to report any concerns. They received regular training and reminders.
- A relative's response when asked whether they felt their loved one was safe was, "Definitely...they are very good with [name of person]...(they) are happy with their care."

Assessing risk, safety monitoring and management

- People, relatives and staff told us the service was safe. One person told us they were reassured because staff "lock the door when they go out".
- Care plans contained up to date general assessments of risk and guidance for staff to follow in order to minimise those risks. We discussed with the registered manager how these could be made more personalised and were assured action would be taken.
- Where equipment was used photographs of each item were held in care plans so staff knew exactly what equipment should be used. Managers held a list of equipment and when it was due to be serviced and who was responsible for this.

Staffing and recruitment

- People received care and support from regular staff. A relative told us regular staff attended, commenting, "A handful, good continuity, you know who is coming."
- Another relative told us, "The care is consistent, same regulars and [person's name] gets to know them. Times can be a bit random but overall very good."
- Staff told us staffing levels were generally good. A staff member told us, "The more you visit the better it is. Continuity of carer is important. We have good continuity."

- One relative commented staff turnover was high. The provider confirmed three staff had left recently and eight had been recruited. An exit questionnaire was sent to those staff who left to learn their reasons why.
- Recruitment checks were undertaken to ensure staff employed where suitable and safe to work with vulnerable people.

Using medicines safely

- Where people received medicines as part of their care and support this was clearly documented and staff were provided with detailed information to enable medicines to be administered safely and effectively.
- Care plans recorded where people had consented to have their medicines administered and who was responsible for ordering medicines. Staff were diligent about checking medicine stocks.
- Where people needed topical creams or gels administering records did not document where these should be applied, although staff were knowledgeable about this and daily logs recorded where these medicines were applied. We discussed with the registered manager and made a recommendation for them to review best practice guidance for this area of medicine administration.

Preventing and controlling infection

- People were protected from the risk of infection. Care plans recorded the actions staff should take.
- Staff had good access to personal protective equipment (PPE), such as gloves and aprons, and people confirmed these were used.

Learning lessons when things go wrong

- The service recorded accidents and incidents and analysed these by considering trends and themes to improve the service.
- The service had a strong learning culture and used all information as a basis to consider improvements.
- Information about learning was shared with staff through memos and team meetings.

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- In some instances relatives had signed the consent form on the person's behalf. It was not clear from the documentation why the relative had done this. We discussed this with the registered manager who made immediate arrangements for the document to be changed so this was clear.
- Four people's consent forms had been signed by a relative and the provider had not checked whether the relative had the appropriate legal authority to do so. We discussed this with the registered manager who made immediate arrangements to establish and record these details.

We recommend the provider reviews their processes and documentation about the capacity to consent to care and the legal authority to act on someone's behalf. Following our inspection the registered manager confirmed this had been completed.

- People who had capacity to consent were asked for this before any support was provided to them and

their rights were respected. Consent forms were signed as a record this had been done.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before care and support commenced and was assessed again after six weeks to check the care and support people received was appropriate and to 'fine-tune' the care package.
- People and relatives told us they were involved in planning their care and had their choices and preferences checked. Care plans confirmed people's involvement in the assessment and review process. A relative confirmed they were kept well-informed and said, "They have a good system with the work phones."
- Staff confirmed they received enough information to support people effectively. A staff member told us, "They provide the correct information, we read the (care plans) regularly. They're in the file in the house and a copy in the office."

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were competent. A relative said, "Yes, (staff have the) right skills and competencies." Another relative said, "Yes, they (staff) do a good job, they are amazing with [person's name]."
- Staff told us they received good and regular training. One staff member said, "I feel confident to work unsupervised."
- People received regular access to appraisals and supervision and were encouraged and supported to develop in areas in which they had an interest.
- New staff received a thorough induction and training and were supported by experienced staff until they were assessed as competent to deliver care and support on their own.

Supporting people to eat and drink enough to maintain a balanced diet

- One person received a nutrition supplement which it was established was bought by their family, however it was not clear from care plans whether this person had been prescribed this supplement and was nutritionally at risk. We discussed this with the registered manager who made immediate arrangements to make appropriate updates to this person's care plans.
- Where people needed support to eat and drink information was available in their care plans to ensure staff knew what to do. Daily logs recorded what people had to eat or drink if they were nutritionally at risk.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person's record had a communication log which recorded all contacts with health professionals, other agencies, and family members concerned with that person's care and support.
- Staff frequently contacted GP surgeries on behalf of people, with the person's consent to do so, and arranged for visits or supplies of medicines.
- Staff followed advice from health professionals.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and staff gave positive feedback about the caring nature of the service. A relative told us, "Some carers go the extra mile, others just do the job. The young ones are nice."
- Staff had developed good working relationships with the people they supported and their relatives. A staff member said, "I talk to them all the time." Another confirmed, "We get a relationship with them (people). They (people) get to know and trust you."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives confirmed they were involved in their care and support. A person said, "Yes, we have choice easy enough."
- Care plans recorded details of people's likes and dislikes and details of any protected characteristics so that these could be supported.
- Daily logs recorded how people's views and choices had been considered when staff were delivering care and support.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "The care [person's name] receives is good, I have no concerns."
- A staff member told us, "[We] ask permission, inform (people) what we are doing, we ask if family members are OK to stay, and keep confidentiality."
- Systems and processes were secure to ensure people's privacy was respected. For example, electronic systems were encrypted and documentation was kept in locked cabinets.

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and the service responded promptly to changes to people's care needs. A staff member said, "It's about the (person), make sure they have a choice, it's what they and the family want. Look at their needs and wishes and have a care plan that suits them."
- Staff understood people's daily routines and rotas were planned to accommodate these. For example, managers made sure a person was supported promptly to enable them to attend church regularly.
- Relatives told us staff attend "within a few minutes" of when they are expected and let them know if they are running late. Managers also made sure people who needed medicine at particular times were supported with this at the right time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded people's communication needs and ensured these were met by staff by including this, where necessary, in people's care plans.
- The service had recently identified that some people may benefit from receiving information on different coloured paper and had made this available.
- The service also ensured staff who required information in a large font format were accommodated.

Improving care quality in response to complaints or concerns

- Complaints, compliments and concerns were recorded and responded to appropriately. The service involved the complainant in the resolution and outcome and checked they were satisfied with the response.

- Outcomes were reviewed to consider implementing changes to improve the quality of the service.
- One relative who had raised a complaint told us, "The complaint was dealt with well, 100% happy, we have no worries."
- Information about how to complain was contained in the service user guide.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- The service had worked with a variety of agencies previously to support people at their end of life and numerous thank you cards had been received from family members showing their appreciation of the care and support the service provided to their loved ones.
- People were asked about their end of life wishes and these were recorded, where they had been provided. It was documented where people did not wish to discuss their wishes.

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to its values of 'care' through caring for people, relatives and staff; 'maximising dignity' by providing care that was personal; and 'promoting involvement and independence' through person and family involvement. Care plans showed how these values were met.
- Relatives were positive about the open communication within the service with one relative saying, "They communicate very well."
- Comments from staff included: "The company's values are very high. I feel 100% this is a place I would like to stay and work", "(I'm) able to approach the manager and feel listened to", and "This company is lovely to work for, I feel well supported."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on their duty of candour responsibilities. They encouraged candour through openness in all their interactions and encourage staff to report mistakes by viewing this as part of a learning process.
- Where errors were identified these were discussed appropriately and any learning shared.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A governance framework was in place which supported performance. Care plan audits were undertaken and tracked. Daily logs were reviewed and themes and trends considered, recorded and used to improve the

service.

- Senior care staff were responsible for undertaking spot checks to assess staff competency and had received additional training to do this.
- All staff responsible for quality checking were clear about their responsibilities and these were well-planned and monitored monthly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular feedback was sought from people, relatives and staff.
- Annual surveys were issued to people, relatives and staff and there were plans to implement an annual survey to seek feedback from health professionals. Analysis was undertaken which showed people, relatives and staff were positive about the service.
- The service had a HR clinic which provided an opportunity for staff to 'drop-in' and speak to a senior manager. Any actions arising from these discussions were shared, where confidentiality allowed, across the service.
- The registered manager reviewed every comment received and took and recorded actions from these.
- The HR and Compliance Officer described how they had considered and implemented equality and diversity principles across the service by assessing the diversity of the people supported by the service and of staff. There were plans to broaden the service's diversity when considering new staff recruitment.

Continuous learning and improving care

- The registered manager described the service as being a 'learning service' and the service took every opportunity to learn, improve and share that learning.
- Comments from people, relatives and staff were used to implement changes to improve care and service delivery.
- The service was planning to implement a new electronic system in the near future to provide an improved care planning system and to enable staff to spend more time with people. Staff had been kept informed via regular team meetings and memos.

Working in partnership with others

- The registered manager described how they were members of a variety of provider forums and groups to ensure their knowledge was kept up to date.
- The registered manager had developed a regular coffee morning with local providers to facilitate knowledge sharing with others.