

Voyage 1 Limited

# New Horizons

## 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

New Horizons is a small residential care home providing personal care and support for up to three people who have learning disabilities or autistic spectrum disorder.

This inspection took place on 4 May 2017 and was unannounced. There were three people living in the home.

At the last inspection on 8 and 12 May 2015 the service was rated Good. At this inspection we found the service remained Good.

There were systems and processes in place to protect people from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs. Medicines were managed safely.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

Staff had built caring relationships with people and demonstrated a commitment to ensuring that their needs were met in ways that made them feel they were valued and respected. People and their families were supported to express their views and be involved in making decisions about their care and support.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could be confident that any concerns or complaints they raised would be dealt with.

Relatives spoke positively about how the service was managed. The service had a registered manager and there was an open and inclusive culture within the home. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# New Horizons

## **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 checked 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 was a comprehensive inspection that took place on 4 May 2017 and was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we met and spoke with people who used the service and observed interactions between staff and people. We spoke with three support workers and the registered manager. We reviewed a range of care and support records for the three people, including care needs assessments, medicine administration records, health monitoring and daily support records. We also reviewed records about how the service was managed, including staff recruitment and training, quality and safety audits. Following the inspection we spoke with four relatives and obtained their views about the care provided at New Horizons.

We previously inspected the service in May 2015, when no concerns were found..



## Our findings

Relatives told us they thought people were cared for and supported safely and told us they had no concerns. A relative said "Staff teach him and support him to be safe. He is learning a lot".

People's records showed that they were supported to take planned risks to promote their independence and staff were provided with appropriate information on how to manage these risks. Staff demonstrated knowledge and understanding of people's support and risk management plans, including when accessing the community and using the kitchen. Staff were able to tell us about the risks associated with certain situations and people, demonstrating they knew people well.

Staff received training in safeguarding adults and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns. Staff were confident the registered manager would respond to any concerns raised. Staff were aware of the provider's policy and guidelines around not using any forms of control and restraint. They received training on the management of challenging behaviours, and told us that no person who used the service exhibited behaviours that would require more than verbal reassurance and redirection. Any incidents were recorded and monitored by the registered manager and provider to ensure people were safe and receiving appropriate support.

There was a consistent team of staff who were deployed according to the assessed support needs of people using the service, including two to one staffing for one person when accessing the community. The staff rota was organised in advance but was also flexible to take account of people's planned activities and the level of staff support required. The rota showed there were early, late and additional shifts during the day to support people to do their chosen activities. An on-call system was in place to deal with emergencies including any unforeseen staff shortages.

The registered manager confirmed that no new staff had been recruited since the last inspection. A system was in place to keep track of and record relevant checks that had been completed for all staff who worked in the home. These included written references, employment histories, and satisfactory Disclosure and Barring Service (DBS) clearance. DBS checks are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. These measures helped to ensure that only suitable staff were employed to support people who used the service.

Appropriate arrangements were in place for managing people's medicines. Medicines were stored in a

purpose built cabinet and up to date records were kept of their receipt and administration. Where a person was prescribed an 'as required' medicine for mild pain relief, there were clear guidelines for when it should be given. Staff received training in the safe administration of medicines and this was followed by competency checks. There were detailed individual support plans in relation to people's medicines, including any associated risks.

Staff received training in the prevention and control of infection. All areas of the home we saw were clean and hygienic including food preparation areas in the kitchen.



## Our findings

Relatives told us they felt care workers had the relevant skills and experience to meet people's needs. They described ways in which the service had effectively supported individuals in developing independence and communication skills. For example, one person now went out on shopping trips supported by staff; "Something I never thought he'd do. I'm impressed with that". Another person's speech had improved and their relative told us "Our conversations are getting longer and he tries to tell me what he's done in the week". Another relative said "The service is good, they take care of all his needs".

Records showed staff completed a range of essential training that included safeguarding, equality and diversity, basic life support, moving and handling, and nutrition awareness. Staff had also attended autism awareness and non-confrontational interventions training and were encouraged to undertake diplomas in health and social care. We saw that staff cared for people in a competent way and their actions and approach demonstrated that they had the knowledge and skills to undertake their role.

While no new staff had been employed since the last inspection, procedures were in place to ensure new staff undertook a period of induction and shadowing of experienced staff, before they were assessed as competent to work on their own. The induction incorporated the Care Certificate, where appropriate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. Staff were further supported through regular supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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.

Records showed that people's consent was sought in relation to the care and treatment they received. Where people lacked capacity, best interest decisions had been made and documented, following consultation with family members and other professionals. Staff had been trained and showed an understanding of the MCA 2005. Staff recognised that people could make some decisions but not others and empowered them to make as many decisions as possible. Support plans contained clear guidance for staff about how to support people to understand choices and be involved in making decisions. This included the



use of pictures and the best ways to engage the person.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications for people using the service.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences. Staff had a good knowledge of people's support needs and provided people with different food options. Staff used pictures to enable people to make an informed choice about their meals. Staff told us how they promoted healthy food options and encouraged people to try a wider range of foods, while respecting their choices. People were supported to shop for and prepare their own meals, at times that suited them, and promoted their independence. A relative confirmed staff supported a person with special dietary preferences to eat well and said "They have health checks and he is healthy".

People had Health Action Plans and received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP and dental appointments. People also had a hospital passport in readiness should they require hospital treatment. The aim of a hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.



## Our findings

People and their relatives told us they were happy with the care provided by staff. One relative said "He does seem really happy. The setup seems ideal". Another relative told us "I couldn't wish for better. I think they're brilliant. Nothing is too much trouble for them". They said staff "Actually care about him. They're fond of him. It's not just a job".

Staff had developed positive caring relationships with people using the service. The atmosphere in the home was friendly and supportive and we observed staff knew people well and communicated effectively with them. A relative commented "Staff are caring and have a good relationship with (the person)". Another relative told us "(The person) is doing very well. He calls it his home. He seems to be getting on well with (another person) and gets on very well with all the staff. He is just so happy. He is so content where he is. The service is doing good for him. Staff all have a caring attitude. I love the home".

Staff encouraged people to maintain relationships with their families and friends. One person had expressed a wish to buy a suit to wear when meeting a friend and staff had supported them to do this. There were no restrictions on when people could have visitors. A relative told us "They say if ever I want to visit, just turn up" and "I always feel so comfortable there. You feel like one of the family. It's a lovely atmosphere".

People were supported to express their views and be actively involved in making decisions about their care and support. A relative said they thought the service did particularly well at promoting the person's independence and encouraging them to make their own choices. Another relative told us staff "Ask him what he wants to do and support him to do it". People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. The records showed staff had spent time with people, involving them in discussions about their goals, activities, care and support.

Staff respected people's privacy and dignity. We observed staff knocked on doors and waited for a response before entering people's rooms and asked for permission before providing any care or support. People chose to spend time relaxing in their rooms if they wished to do so and this was respected by staff. People's bedrooms were personalised with things that were important to them, such as photographs, ornaments and items of furniture. There were also photos and pictures in the communal areas that people had helped to choose. Staff spoke about people in a respectful manner and demonstrated an understanding of their individual needs.



## Our findings

A personalised approach to responding to people's needs was evident in the service. Before people moved to the service an initial assessment of their needs took place to help ensure the service was suitable for them. People and their relatives were encouraged to be involved in this process. For a recently admitted person the assessment had included a planned transition period, during which the person had opportunities to visit the home to see if they liked it. This also enabled the staff to assess the suitability of the placement. The person told us they had chosen to live at New Horizons and they were happy with their new home.

Following the initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and how they expressed themselves and communicated with others. For example, one person used a whiteboard or a computer to communicate with staff. Care and support plans were written in a personalised way, including who and what was important to the person.

Staff demonstrated knowledge of people's individual needs, personalities and preferences. There was a relaxed atmosphere in the home and staff communicated well with the people and promoted an inclusive, supportive environment. Staff had a clear understanding of the support planning process and of the outcomes they were supporting people to achieve. This included social, emotional and health related needs and goals. Staff worked flexibly to enable people to achieve their goals and wishes.

Staff monitored people's changing needs through a system of regular reviews and observation and this was clearly recorded. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. This helped to ensure care and support plans were current and continued to reflect people's preferences as their needs changed. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. Relatives said they were invited to take part in reviews and were asked for their views about the care and support being provided.

People were supported and encouraged to have active lifestyles and had access to a range of activities both within the home and in the community. People's daily support and activities were recorded in their daily records, which provided a detailed picture of the support they had received and how they spent their time. Activities were based on what people wanted to do, their interests and hobbies. The registered manager spoke about "the importance of matching skills for positive outcomes". They told us how people were supported to do their chosen activities by staff who shared their interest, for example one person with fishing and another to go swimming.

Other activities included shopping, going to a café or pub or activity centre, day trips and walks. One person had recently started walking to the shops with staff to do personal shopping or to have an ice cream. This was something the person had previously declined and now enjoyed doing. People could also choose to pursue individual activities at home, such as watching TV or using their computers. Another person showed us their scrapbook containing photos of their activities, which included trampolining and a day trip to London. The person said they were going bowling later and we saw this was written on their activity planner and staff were supporting them to get ready to go. Staff also supported people to go on holidays.

The service routinely listened and learned from people's experiences. Relatives told us they had no concerns or complaints about the service. A complaints procedure was given to people when they first moved into the home and was also displayed around the home. This was also made available in an easy read picture format for people who were unable to read complex information. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something. The home also had a compliments folder containing positive feedback from relatives and a person's care manager.



## Our findings

Relatives and staff spoke positively about how the service was managed. One relative told us staff worked well as a team and communicated with each other and with them well. Another relative praised the service for the positive outcomes it had brought about and told us "They've worked such wonders with (the person) since he's been there. He's in a place now that at one time I wouldn't have thought achievable".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager promoted an open and inclusive culture in the home and demonstrated the skills of good leadership. This resulted in a positive caring environment in which staff skills were utilised to help manage the service. Records of staff meetings showed that staff were asked for their input in developing and improving the service and staff confirmed this. Staff said the registered manager was very supportive and involved them in the daily running of the service. For example, discussing potential new referrals with the staff team and asking for their opinions. Staff said the registered manager "Has faith in us" and "Listens to us". They told us decisions were "Always a joint decision". Staff also spoke about the importance of supporting people to be involved in how the service was managed, because "It's their home" and "The more you involve them the more they care about their home".

Relatives and other stakeholders including community health and social care professionals were asked for their views and these were acted on appropriately. This included formal reviews of the service provided to each individual that were held at least annually, to which the person and their relatives, staff and external care professionals were invited.

Regular audits of the quality and safety of the service had continued to take place and were recorded. The registered manager sent a weekly service report to the organisation's quality assurance team, who contacted the manager for further details and provided support if and when appropriate. The quality assurance team carried out unannounced audits of the service to check on standards of quality and safety. The registered manager also undertook a quarterly audit of the service, which was checked and monitored by the operations manager. Where necessary, action plans were created and followed.

The provider and the registered manager understood their responsibilities and were aware of the need to

notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home and on the provider's website.