New Horizon Care Home Ltd

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Inspection report

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Date of inspection visit:
07 May 2019

Date of publication:
02 July 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:

New Horizon Care Home Ltd is a residential home and provides accommodation, personal care and support for up to three people who have a range of needs including mental health needs. There were three people living in the service at the time of the inspection.

People's experience of using this service:

The provider had a procedure for the administration of medicines but this was not followed all the times and some of the practices identified meant there was an increased risk of medicine errors occurring which in turn increased the risk of medicines not being administered safely and as prescribed..

Risk assessment and risk management plans did not include guidance on how the staff could reduce possible risks when providing support to people.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible, the policies and systems in the service did not support this practice.

People's care plans did not always identify the person's wishes as to how they wanted their care provided and how they should be supported, if required, to access the community and activities outside the care home.

The provider's systems and processes for auditing the service were not always effective and did not always provide information to enable them to identify areas which required improvement.

There were procedures for recording incidents and accidents, complaints and safeguarding concerns with actions identified to resolve issues.

The provider had a recruitment process in place. Care workers completed a range of training and had regular supervision with their line manager. Care workers felt they were supported by the management of the home.

Rating at last inspection: At the last inspection the service was rated Good. (report published 15 June 2017)

Why we inspected: The inspection was brought forward after we received information of concern relating to the care provided at the home.

Enforcement: We have identified breaches in relation to Need for Consent (Regulation 11), Safe Care and

Treatment (Regulation 12) and Good Governance (Regulation 17). Please see the action we have told the provider to take at the end of this report.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

New Horizon Care Home Ltd

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by two inspectors.

Service and service type:
New Horizon Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:
The inspection was unannounced.

What we did:
During the inspection we spoke with the registered manager, the nominated individual and two care workers. We spoke with three people using the service. We reviewed the care records for two people using the service, training records for all staff, incident and accident records and other records used by the provider to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely; Assessing risk, safety monitoring and management

● We saw that when one person had time away from the home their medicines were taken out of the original packaging and placed in a plastic dossett box, so they could be taken out of the home. This is referred to as 'secondary dispensing' (removing medicines from their original container and placing in other containers) but the containers were not properly labelled with information about the medicines or dosages. We saw an incident form indicated that when the person was away from the home they were given the wrong dosage of one medicine. The Royal Pharmaceutical Society (RPS) has defined secondary dispensing as 're-packaging a medicine that has already been dispensed by a pharmacist or a dispensing doctor'. This is not good practice. Supplied medicines need to be labelled in line with legislation or the dose administered. As the medicines were removed from the original packaging as provided by the pharmacy but the information relating to how these should be administered was not provided with the new container this meant there was an increased the risk of medicines errors.

● The care plan for one person identified they had been prescribed medicine for seizures to be administered as and when required (PRN). There was no PRN protocol in place to provide care workers with guidance as to when the medicines should be administered. The medicine was not recorded on the medicines administration record (MAR) chart. The registered manager explained they did not administer the medicine very often, so they did not list it as a prescribed medicine on the MAR chart. This meant the information on how this medicine should be administered was not recorded on the MAR.

● We saw risk assessment had been completed in relation to behaviour that might challenge the service and associated risks but there was limited information on the possible triggers for people's behaviour and how these could be resolved to prevent situations from escalating.

● Where a possible risk had been identified there was no guidance as to how to reduce the possible risk to people. For example, where a person was living with a medical condition there was no guidance for the care workers to enable them to identify when the person may need additional support. We also saw one person had experienced a number of falls during the last six months but there was no risk assessment for falls and guidance for care workers on how to reduce the risk of falls occurring. There was also no information as to whether the person had been referred to other healthcare professionals such as an occupational therapist to identify if the person required any adaptations to the home or equipment to support their mobility.

● Care workers supported people to access the community, but risk management plans had not been developed to identify how people could be supported safely when outside the home. This meant the care workers were not provided with a plan to ensure they could respond to possible risks when people were

accessing the community.

● We saw the care plan for one person identified they had to use a specific piece of equipment to prevent possible injury. The records of care indicated that this piece of equipment was not being used and the care worker confirmed it had not been used for almost a year. We asked the person why they did not use the equipment and they told us it was not comfortable, but the care plan did not indicate if any actions had been taken by the provider to ensure the person was able to use it comfortably or to mitigate the associated risk to the person. This increased the person's risk of sustaining a possible injury as identified in the care plan.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● We reviewed the medicines administration record (MAR) charts for everyone who received medicines at the home and we saw there were no gaps in the recording of medicines. Medicines were stored appropriately and securely.

Systems and processes to safeguard people from the risk of abuse
● People we spoke with told us they felt they were safe living at the home and when they received support from care workers.

● The provider has processes to investigate and respond to safeguarding concerns. At the time of the inspection there had been no safeguarding concerns raised during the previous year.

Staffing and recruitment
●A care worker we spoke with about staffing levels commented "Sometimes it is quite busy, and it gets difficult, but they do provide more staff if I need help." One person told us "No there is not always enough staff. It's rare to have two people on duty. Too much work for them, they are always running about trying to finish their work. It's usually one person only and that's not enough time for them to do everything." We saw the rota indicated there was one care worker on duty during the day and a care worker on a waking night shift. If a care worker had to support a person in the community or to attend a medical appointment an additional care worker was allocated to the home to support people at the home.

● There were appropriate systems in place for selecting and recruiting new staff. The checks included the applicants right to work in the United Kingdom, criminal record checks and proof of identity. We saw references had not always been obtained from previous employers but from friends of the applicant. We discussed this with the registered manager and nominated individual who explained they had sought professional references but had been unable to obtain these. They told us a risk assessment would be developed which outlined any additional checks and supervision for the care workers if they had been unable to obtain references from their previous employers.

● During the inspection the registered manager confirmed staff interviews were carried out, but these notes were not kept on the staff records. The registered manager and nominated individual confirmed they would ensure records for future interviews would be kept on the new care workers recruitment file. This meant information on why the applicant was employed would be recorded as part of the recruitment process.

Preventing and controlling infection
● The provider had appropriate procedures at the home to reduce the risk of infection and ensure people to

were living in a clean environment. We saw the daily task list used by care workers included cleaning activities to be completed each day for example cleaning cupboards, vacuuming and cleaning the shower heads in the bathrooms.

● Care workers were provided with gloves and aprons as well as completing infection control training.

Learning lessons when things go wrong

● The provider had a system in place for the recording of incidents and accidents. Care workers completed either an incident or accident form depending on the situation and this was reviewed by the registered manager. A care worker told us "I would try to resolve any incident and speak with the team leader and management.'' They went on to describe an incident which had taken place two weeks previously. They said, ''We reassured the person, had a one to one. We have the behaviour therapist who comes every week to put guidelines in place, which we follow." We saw an action plan was created for each incident or accident record describing what had been done immediately after the event and what ongoing action would be taken.

Requires Improvement

Is the service effective?

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● During the inspection we saw the care plan for one person which indicated they did not have capacity for some aspects of daily life but there was no indication as to how this had been identified.. We asked the registered manager during the inspection if they had undertaken a mental capacity assessment or made a DoLS application to the relevant local authority and they told us they believed this was the responsibility of the local authority and not the home.

● The records for one person indicated that their relative was responsible for managing their finances but there was no record, such as a copy of a power of attorney document, to show that the relative had the legal authority to do so. We spoke with the registered manager regarding this and he confirmed there was no legal authority in place. This meant that the provider was not demonstrating that they were meeting the principles of the MCA and the person's legal rights may not have been safeguarded.

The above was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

● A detailed assessment of a person's support needs was completed before the person moved into the home. The information was used to identify if the service could meet the support needs of the person and to develop the care plan.

Staff support: induction, training, skills and experience

● Care workers had the support, training, skills and experience they needed to provide effective care. A care worker we spoke with about training told us "Yes we do [training]. Our training is up to date, like epilepsy. The manager books training and it's really up to date. We have all the information we need. I get supervision."

● New staff completed an induction which included a range of training and shadowing experienced staff. The registered manager told us that staff shadowed for as long as they needed. Their competency was assessed as part of the induction. The training was completed either on line or face to face and during the inspection we saw a new care worker completing their online training in the office. The provider checked to ensure the care workers had completed the training which they had identified as mandatory.

● We saw the care plan for one person indicated that all care workers who provided support must have completed epilepsy training. The care workers had attended specialist training in understanding epilepsy facilitated by a national epilepsy organisation. Other training included 'positive behaviour management' which helped them understand skills to safely de-escalate situations where people behaved in a way that could challenge the service.

●Records were maintained by the provider to show when care workers skills and competency had been assessed in different areas of their role. There was a plan for individual supervision meetings and appraisals which took place regularly. If any issues with care worker competency or skills were identified these were addressed and action taken including additional support and supervision.

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

●We asked people living at the home for their views on the food provided. They told us they liked the food with some people saying they were also able to go to local shops and buy any food they wanted. One person said "The food is good. Very good. We choose what we want from the freezer. Pizza, rice and curries." Another person confirmed care workers provided their favourite meals.

● We saw a weekly meal schedule for two people living at the home identifying the meals they preferred each day and on which days they could be supported to cook their own meal.

Adapting service, design, decoration to meet people's needs

● We saw people were supported to personalise their bedrooms. There was a garden which we saw people accessing without the support of care workers. The communal areas of the home were clean and well maintained.

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

● People were supported to attend medical appointments with other healthcare professionals. Care plans included information about the person's medical history, current medical conditions and correspondence with healthcare providers.

Requires Improvement

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity
● People we spoke with told us, in general, they felt the regular care workers and their keyworkers were kind and caring and respected them. One person said "They are alright, just one or two of them are a bit loud, but they are kind. They treat me well. You can't always understand their accents though." Another person commented that their key worker was "Very nice" and they felt really supported by them.

●During the inspection we saw the care worker who worked regularly at the home spoke with people in a polite and caring way. They had a good understanding of how to support the people living at the home.

● Notwithstanding the above, some aspects of the service were not caring. On the day of the inspection a care worker (who usually worked in another of the provider's services) was working at the home. We asked the care worker about the people living at the home and they told us they did not know about them and could not tell us about their support needs. We also saw that they did not interact with the people living at the home whilst they were on duty at the home. Furthermore, one person told us, ''They [the staff] all do things differently, different styles, it's confusing.''

Supporting people to express their views and be involved in making decisions about their care
● We saw there were records of keyworker meeting with people using the service where they discussed how people wanted their care provided and if they had any concerns or questions.

●The care plans had been reviewed regularly and some of these had been signed by the person they related to and their key worker. We asked people if they felt they were involved in decisions about their care. One person said "Yes they do talk to me [about my care] but half the time I don't understand them.'' Another person told us they were involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence
• The care plans did not identify if the person had a preference for a male or female care worker to support them with personal care. One person told us they would prefer a male care worker but there were not many available as most of the care workers were female.

● People we spoke with told us the care workers helped them be as independent as possible with one person commenting "Yes they always try to make me do things for myself. They do support me to do things I can't do." We saw people were supported and encouraged to go out into the community on their own, where they had been assessed as able to. People also told us the care workers helped them in a way they

wanted with one person saying "Yes the staff help you if you ask them nicely. Well most of them."

●We asked people if their religious and cultural needs were being met. One person told us they were able to visit their church whenever they wanted, and another person told us their relative supported them visit when they wished.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
●We saw there were care plans covering the following areas of care; risk to others, risk to self, physical health needs, medicines, interpersonal relationships, mental health and wellbeing. The care plans identified what care activity should be provided for each person but were based upon observations of the person's care needs and not from discussion with them about how they wanted their care provided.

● Care plans stated care workers should monitor for any side effects when the person had been administered their medicines but there was no information on what these side effects could be. This meant care workers did not have information to help them ensure they could support people appropriately.

● The care plan for one person stated care workers should encourage the person to join in with an activity which would enhance their focus to reduce the risk of boredom. The care plan did not identify a range of activities the person enjoyed and how the person would be socially included in the local community but during the inspection the person told us they enjoyed going out. The care worker told us the person was supported to go shopping a couple of times a month which was not indicated in the care plan. During the inspection we also saw that two care workers were required to support this person when they accessed the community, but the rota regularly showed there was only one care worker on duty which meant any activity had to be planned in advance. Their care plan however did not have any information about planned activities including community outings and social events in the community so that these events could be planned in advance to make sure the person did have the opportunity to go out as often as they wanted to. We raised this with the care worker in the home at the time of the inspection so they could discuss with the registered manager.

Improving care quality in response to complaints or concerns
● We asked people if they knew how to raise a complaint and if they had ever made one. They told us they had not made a complaint and they understood how to raise any concerns. One person said "No I have never made a complaint here. I could complain to anybody."

● During the inspection we saw the provider had a complaints policy and there had been no complaints made. There was information on how to raise a complaint displayed on a notice board in the lounge.

End of life care and support
● At the time of the inspection no one living at the home was receiving care at the end of their lives. The registered manager told us that they would seek guidance from external professionals if or when people using the service needed end of life support.

Requires Improvement

Is the service well-led?

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

●The provider had a range of audits and checks to monitor the quality of the care and accuracy of records, but these did not always provide appropriate information to enable the provider to identify areas for improvement.

●There was a team leaders' spot check form which was a monthly audit reviewing information covering a range of areas. These included care plan audits, monitoring checks on cleaning, incident and accident forms, fire checks, community meetings, supervision dates and medicines records. We saw the spot check audit was last completed in September 2018 and the care worker confirmed they had completed the checks but had not recorded any of the outcomes since September 2018. This meant the provider did not have access to information they could use to monitor the quality of services being provided and to identify where improvements could be made.

●The provider's arrangements to manage risks were also not effective. They did not ensure identified risks were assessed or that appropriate information was provided for care workers to ensure they could provide support in a safe and appropriate manner whilst mitigating the risk.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

●The care worker on duty carried out weekly checks in each of the rooms to ensure they were safe as well as weekly checks on the water temperature.

●An audit of the administration of medicines was carried out monthly and we saw the audit form completed in April 2019.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

●People we spoke with told us they felt the service was well-led and they were happy with the care they received there. One person commented "The manager is very good. "

●The carer worker we spoke with told us they felt supported by the management of the home and they were happy working at the home. They said "It's ok, it's busy. We do everything. It's manageable. If I need help, I ask and get somebody. I feel supported by management. The best thing about working here is making the

clients happy, getting help from the management. They are here every day. It's a good team here. All very helpful."

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

●The registered manager and nominated individual for this service were both qualified nurses. The registered manager was a mental health nurse. They used their clinical knowledge and expertise to help them better understand people's needs and to provide the support and training to the staff to help them understand these. Both the registered manager and nominated individual were undertaking a vocational qualification in health and social care management

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

●We saw the provider had a feedback system for professionals visiting the home. During 2019 we saw feedback had been obtained from a number of visiting professionals including a social worker and all of the comments were positive. We also saw a family satisfaction survey had been completed and all the feedback was good.

●People's views on their care were also obtained during the regular meetings with the person's key worker.

Working in partnership with others

●The provider was taking part in work with a national epilepsy organisation. As part of this joint working they were provided with access to training and information from the organisation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not act in accordance with the Mental Capacity Act 2005 as the service users were aged 16 or over and were unable to give such consent because they lacked capacity to do so. Regulation 11 (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care and treatment was provided in a safe way for service users. The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks. The registered person did not ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have an effective system to assess, monitor and improve the

quality and safety of the services provided in the carrying on of the regulated activity

The registered person did not have an effective process to assess the specific risks to the health and safety of services users and do all that was reasonably practicable to mitigate any such risks.

The registered person did not have a system in place to maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulation 17 (1) (2) (a) (b) (c)