

## Horizon Healthcare Homes Limited

# Windsor Court

### 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

We inspected Windsor Court on 24 May and 01 June 2018. Both days of the inspection were unannounced. This was the first inspection of the service since it was registered in June 2017.

Windsor Court is a purpose-built home which provides accommodation and personal care for up to eight people with a learning/physical disability. It is in a residential area of Allerton and is close to local shops and amenities. At the time of our visit there were seven people using the service.

Windsor Court 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 was working in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

On the first day of inspection the registered manager was on annual leave and therefore information was provided by the deputy manager and the director of operations for the organisation (Horizon Healthcare Homes Limited ). However, the registered manager was present on the second day of inspection.

We found the environment at Windsor Court had been well planned. The bedrooms were large single rooms with en-suite toilets and showers. There was a large lounge, sensory room, kitchen/dining area and communal bathroom and toilet facilities. Corridors and doorways were wide which made access to all the rooms easy for wheelchair users and overhead tracking and hoists were available in some bedrooms and communal bathing facilities.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and were confident they knew how to recognise and report potential abuse. Where concerns had been brought to the registered manager's attention, they had worked in partnership with the relevant authorities to make sure issues were fully investigated and appropriate action taken to make sure people were protected.

The registered manager and staff were observed to have positive relationships with people living in the home. People were relaxed in the company of staff and there were no restrictions placed on visiting times for friends and relatives.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. The atmosphere in the home was happy and relaxed. From our observations it was clear staff knew individual people well and were knowledgeable about their needs, preferences and personalities.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have 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.

Each person had a support plan that was person centred and sufficiently detailed to ensure they were at the centre of their care. People's care and support was kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

There were enough staff to support people when they needed assistance and people received support in a timely and calm manner. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to care for vulnerable people and arrangements were in place to make sure staff were trained and supervised.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained and supervised to do this safely.

Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. People had arranged their bedrooms as they wished and had brought personal possessions with them to maintain the homeliness.

There were a range of leisure activities for people to participate in, including both activities and events in the home and in the local community and it was apparent people enjoyed a full and active social life.

We saw the complaints policy was available in both a written and easy read [Pictorial] format. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required.

The provider had clear values and the registered manager and staff were true to these values in their day to day work.

We found all fundamental standards were being met. Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

We found there were sufficient numbers of staff on duty and safe staff recruitment procedures were followed.

People received their prescribed medicines and medicines were managed properly and safely.

Risks to individuals were identified and managed appropriately.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that received appropriate training and supervision.

People's rights were protected because the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals and staff followed their advice and guidance.

### Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to a person-centred approach to care and support.

The service actively sought opportunities to help promote people's life experiences and independence and this had made a significant positive difference to some people's lives.

People's privacy and dignity was respected and the atmosphere within the home was caring, warm and friendly.

People were supported to maintain relationships with their family and friends.

### **Is the service responsive?**

The service was responsive.

People received a service that was flexible and responsive to changes in their needs.

Care plans were in place to ensure staff provided care and support in line with people's preferences.

There was an extensive range of activities for people to participate in, including activities and events in the home and in the local community.

There was a complaints policy available in both a written and easy read [Pictorial] format.

**Good** ●

### **Is the service well-led?**

The service was well-led.

There was a registered manager in post who provided strong leadership and direction to the staff team.

Staff enjoyed their work and told us the senior management team were always available to offer guidance and support.

Systems were effective in assessing and monitoring the quality of care provided to people and to drive improvements.

The service sought and acted upon feedback from people who used the service, relatives and outside agencies to improve the quality of care and support provided.

**Good** ●

# Windsor Court

## 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.

This inspection took place on 24 May and 01 June 2018 and both days were unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We also asked the provider to complete 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 looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We looked around some areas of the building including bedrooms, bathrooms and communal areas.

We spent time looking at records, which included two people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with the registered manager, the deputy manager, the director of operations for the organisation (Horizon Healthcare Homes Limited) and five staff members. We also spoke by telephone with two healthcare professionals about their experience of working with the registered manager and staff and commissioning places at the service.

# Is the service safe?

## Our findings

Systems and processes were in place to safeguard people from abuse. Staff received safeguarding training and understood the different ways people could be subjected to abuse. Staff knew how to report any concerns and were confident any concerns raised with the registered manager would be dealt with appropriately.

The service supported some people to manage their personal money. We found there were clear procedures in place for staff to follow to reduce the risk of errors or financial abuse. We saw regular checks were carried out by senior staff to ensure these processes were being followed. We checked the records and monies held for two people and found they were correct.

Systems were in place to identify and reduce risk and the care records we looked at included personalised risk assessments. These showed risks and choices were balanced and designed to encourage and maintain people's independence. We saw emphasis was placed on maintaining people's independence, respecting their freedom and encouraging positive risk management. Staff told us if they noticed any new areas of risk they took immediate action to minimise the risk. They then informed the registered manager who arranged for a thorough risk assessment to be carried out and for the support plan to be updated. We saw risk assessments covered such areas as mobility, medication, infection control and the environment. Personal emergency evacuation plans [PEEPs] were documented in people's care records. PEEP's are bespoke 'escape plans' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency.

We found medicines were safely and securely stored and the temperature of the storage area and fridge were monitored daily. There were no staff signature omissions on the medicine administration records (MAR) charts we reviewed, indicating people had received their medication as prescribed. There was a stock control system in place for medicines prescribed on an 'As and when required' [PRN] basis and the protocols in place gave clear guidance to staff on under what circumstances PRN medicines might be administered.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These are called controlled medicines. We found the stock control figure for the one controlled drug administered by staff had been wrongly recorded and this had not been identified through the audits systems in place. However, we concluded this was a recording error and the person had received their medicine as prescribed. This was discussed with the deputy manager who immediately rectified the error and confirmed they would address this matter with the senior staff team through supervision and training.

The registered manager told us sufficient staff were deployed to support people and this was confirmed by the staff we spoke with. We looked at the staff rota which showed there was always sufficient staff on duty to maintain people's safety and to ensure their care and support needs were met. The service did not employ housekeeping staff as people who use the service were supported to keep their bedrooms clean and tidy by their key workers as part of maintaining and improving their daily living skills.

We looked at the recruitment files of three recently employed staff members and found all relevant checks had been made prior to them starting work. We also spoke with two newer staff members who told us the recruitment process had been robust. They confirmed they had attended a 'face to face' interview where any gaps in their employment had been checked. They told us they had not been able to start work until their Disclosure and Barring Service (DBS) check and satisfactory references had been received. However, we found some documentation relating to people's employment was not signed or dated. This was discussed with the deputy manager on the first day of inspection and they took immediate action to address this matter.

The registered manager and deputy manager analysed all accidents and incidents. We saw there was a strong focus on identifying whether lessons could be learned from incidents to help reduce risk and re-occurrences.

Staff received training in responding to behaviours that challenge. The training provided used positive behaviour support approaches and plans. The focus of the training was on de-escalation to actively reduce risk or the need for any form of restraint. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. People were relaxed and comfortable to interact with staff and ask or indicate that they wanted help or social contact.

As part of the inspection process we looked at the environment and found the building was well maintained and provided people with a pleasant, comfortable and safe environment. We looked at a selection of maintenance records and they showed the provider had suitable arrangements in place to make sure installations and equipment were maintained in safe working order. We saw the home had infection control procedures in place and clinical waste was disposed of correctly.



## Is the service effective?

### Our findings

The registered manager told us all new staff received comprehensive in-house induction training and said staff with no previous experience in the caring professional were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at the training matrix and found staff completed a range of mandatory training and other training specific to the needs of the people they supported. For example, autism, percutaneous endoscopic gastrostomy (PEG) feeding and epilepsy training.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the registered manager. We saw supervisions were structured and all members of the staff team also had an annual appraisal which looked at their performance over the year.

In addition, we saw all staff had been designated 'champion' roles in specific areas such as medication, dignity in care, fire safety, food and nutrition and infection control. The registered manager confirmed this was still work in progress but their role of 'Champion' would be discussed with individual staff during their formal supervision and a monthly meeting held to discuss matters arising.

The staff we spoke with told us they received the training and supervision needed to carry out their roles effectively and felt well supported by the registered manager. One staff member said, "The training we receive is good and we are encouraged by the manager to take up training opportunities." Another recently appointed staff member said, "The initial induction training was good and relevant to my role."

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 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). We saw the service had a DoLS referral tracker in place which showed the number of authorised DoLS in place including any attached conditions and the number of submissions made to the supervising body still waiting for authorisation. We found the service was working within the principles of the MCA and DoLS and therefore people's rights were protected.

The registered manager demonstrated they had a good understanding of the MCA and how it should be applied in the home. We saw if people lacked capacity to make specific decisions mental capacity assessments were in place and the best interest processes had been followed. The registered manager

explained how they assessed the restrictions placed on people who used the service and where they identified these amounted to a deprivation of the person's liberty and the person lacked capacity to consent to their care and treatment, applications had been made.

The staff we spoke with also had a good understanding of the MCA and DoLS and what this meant in relation to the care, treatment and support people received. We saw evidence of people being asked for their consent through our review of care records as well as our observations during the inspection. Staff were aware of people's rights and supported people where possible to move freely around the home. Consideration had been given to safeguarding people where needed, whilst imposing minimal restrictions and promoting independence where possible. For example, people who wished to do so could access the secure garden area at the rear of the building, whilst being protected from a busy main road.

We saw people were encouraged to eat a balanced and nutritional diet and wherever possible were involved in menu planning, shopping and preparation of meals. We also saw the service had started a 'Windsor World' healthy eating group which people who used the service, staff and family members could join. The group promoted healthy eating and made people more aware of the healthy options available to them as part of a planned weight loss diet. We saw there was a four-week menu in place but the staff we spoke with confirmed this was only used as guidance and people could choose what they wanted to eat or drink daily.

People's healthcare needs were assessed and clear and detailed plans of care put in place for staff to follow. Each person had a health action plan in place, which is a structured plan for people with learning disabilities to support them to stay healthy. Health files showed people were supported to attend a range of appointments including dental checks and annual health checks. We spoke with two healthcare professionals who had commissioned services at the home and they both told us they were very happy with the level of care people received.

Windsor Court is a purpose-built home which opened in 2017. We saw a lot of thought had gone in to the planning, design, layout and facilities to make sure it was suitable and safe for people who used the service.

## Is the service caring?

### Our findings

We observed care and support within the home and saw positive interactions between staff and people who used the service. Staff had a genuine regard for people's wellbeing and treated them in a respectful and dignified manner. The majority of people who used the service could not verbalise their opinions to us, however, we saw they looked comfortable in the company of staff.

The registered manager told us everyone who lived at the home had designated a key worker; this was a named member of staff who worked alongside them to make sure their needs were being met. They confirmed they used the 'Heads, Hands and Hearts' approach to match the compatibility, skills and talents of staff to individual people.

Throughout the inspection we observed staff supporting people in a calm manner. Staff responded promptly to people's needs and requests, but also allowed time to sit with people providing friendly conversation or just company. We heard staff speaking to people in a way that showed they knew them well and cared about them. Staff smiled and said hello to people when they walked into the room, they commented positively about what people were wearing and asked people if they were enjoying their day. Staff were in tune with people's verbal and non-verbal communication so they noticed when people needed support or wanted company.

We were told that if required people who lacked capacity to make important informed decisions and had no family they were assisted to access the services of a local advocacy service to represent them. Advocacy services provide independent support and encouragement that are impartial and act in the person's best interests in advising or representing them. The registered manager confirmed that at the time of inspection two people had an advocate to act on their behalf.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager and deputy manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service. We saw no evidence anyone living in the home was discriminated against.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. There were robust arrangements for the management and storage of data and documents. Records and reports relating to people's care and welfare were stored securely and data was password protected and could be accessed only by authorised staff.

We saw there was a compliment and comment book in place for visitors to complete if they wished to do so. We found one healthcare professional had written the following comment about the way staff supported

people, 'I would like to say thank you to the registered manager and all the staff for the amazing care and support for the two service users I see here. They are always very friendly, very knowledgeable and go the extra mile to make sure everyone is well looked after.'

## Is the service responsive?

### Our findings

The registered manager explained before anyone moved into Windsor Court they would be assessed to make sure staff would be able to meet their needs, taking into consideration the needs of the people already living there. If they considered they could offer a service the individual was invited to visit, to stay for a meal and stay overnight as many times as they wished to make sure the home was the right place for them.

The care plans and supporting documentation we looked at were person centred and provided staff with the information required to provide people with appropriate care, support and treatment. We found the care plans contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw information was provided in pictorial format and included specific information about people's dietary needs and the social and leisure activities they enjoyed participating in. This showed that people who used the service and/or their relatives could express their views and were involved in making decisions about their care and treatment. This helped staff provide a high level of personalised care.

However, we found some information was at times duplicated within the care documentation and in one instance information regarding a person's pressure area care was not clearly documented. However, we concluded the person was receiving appropriate care and treatment and on the second day of inspection this matter had been addressed.

The registered manager told us staff held a handover when they started their shift. This ensured they were kept informed of people's welfare, any specific risks to people or any appointments people required support to attend. Staff used the shift handover and team meetings as opportunities to highlight any issues or behaviours they had observed and to discuss any actions required to be taken or strategies to manage people's changing needs. Staff shift handovers and staff meetings were therefore used an effective method of updating staff about people and sharing information.

We saw staff encouraged people to maintain and develop a range of life skills, participate in work experience, if appropriate, and to enjoy a selection of creative indoor and outdoor activities of their choice. There was also a designated multi-sensory room available for people to use. A multi-sensory room is a special room designed to develop a person's sense, usually through special lighting, music, and objects. It can be used as a therapy for people with limited communication skills.

Records showed that the activities planned for people were based on their preferences and what they had selected to participate in. On the afternoon of the first day of inspection we saw a music therapist visited the service and it was clear this was a very popular activity. We spoke with the music therapist and they told us they enjoyed their visits and always found the staff welcoming and knowledgeable about people's needs.

We saw the registered manager had also introduced a monthly 'Hopes and dreams' activities planner which was based on the principal that people needed something to look forward to and aim for each month. For example, staff had identified that one person sometimes became frustrated and upset at the weekend. They

therefore encouraged them to help around the home, which they enjoyed. The registered manager had then approached a local café owner who agreed that they could work there at the weekend on a voluntary basis. This demonstrated that by staff being observant and encouraging the person to take small steps at a time they had enabled them to reach their goal and they now led a more rewarding and active life. Staff understood people's goals and demonstrated a dedication to help people achieve them.

In addition, a record of people's individual achievements was kept which showed how staff had assisted individual people to meet their goals. For example, staff were teaching one person, who on admission had not been able to read or write, to write their own name and another person who could not communicate verbally to say a few words after many years of silence. The registered manager confirmed that the progress made in each case was as a direct result of the dedication of the staff team to ensure people maintained and improved their daily living skill.

The home had an adapted vehicle on site which gave people the opportunity to maximise community based facilities, trips out and medical appointments. On the first day of inspection a group of people enjoyed a trip out to Whitby as a direct result of one person wanting to visit where the television programme 'Heartbeat' had been filmed. On the second day a group went out shopping and for lunch in Bradford city centre using public transport.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

During the inspection we saw staff used different communication techniques to ensure information was appropriately communicated to people so they understood what was being asked of them. For example, we saw staff observing people's body language or 'triggers' as a way of determining if they consented to care and treatment and information was provided in pictorial and easy read formats.

We saw the organisation had last reviewed their complaints policy in May 2018 and the registered manager confirmed the policy was available in an easy read format. We saw as part of the complaints procedure the service had a 'Niggles, concerns and complaints' folder in place. The registered manager told us as an organisation Horizon received very few formal complaints so they had created the, 'niggle' category to encourage feedback on small issues to enable them to continually improve the service offered. We saw the service had received no formal complaints since registration.

## Is the service well-led?

### Our findings

A registered manager was in post. 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.

It was apparent through discussion that both the registered manager and deputy manager had a clear vision of how they wanted the service to develop and were committed to delivering high-quality care and support, with the people they supported at the centre of the service.

The staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included providing people with choice, freedom and control. All the staff we spoke with said how much they enjoyed working at Windsor Court and spoke positively about the registered manager, deputy manager and senior staff team who they described as being approachable and supportive.

It was clear from speaking with staff their focus was on positive outcomes for the people who used the service. All the staff we spoke with told us they enjoyed working at the home. One staff member said, "Windsor Court is my second home, I love working here." Another staff member said, "I have worked in other care homes but this is by far the best place I have ever worked. Staff are very protective and really do care about the people we support and will go the extra mile to ensure they happy and well cared for." We saw staff meetings were held on a regular basis so that people were kept informed of any changes to work practices or anything which might affect the day to day management of the service.

Throughout our inspection we observed the registered manager interacted with people who lived at the home and staff in a professional manner. They had a visible presence around the home. We found the registered manager and the senior staff members we spoke with were open, honest and positive in their approach to the inspection process. Where possible areas for improvements had been identified they took the appropriate action.

We saw the service worked closely with health and social care professionals to achieve the best care for the people they supported. The registered manager and staff had developed strong links and worked in close partnership with the specialist community based healthcare professionals.

We reviewed the systems to assess and monitor the quality of the service. Regular audits in areas such as nutrition, medication, clinical risk and care plans were undertaken by the registered manager. We looked at these and saw they were effective in identifying issues and made sure action had been taken to rectify any problems. The registered manager told us audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. In addition, there was a business improvement plan in place for 2017/18. This detailed how the service was going to meet key performance indicators and how these would drive continued improvement.

The registered manager told us the care provider Horizon Healthcare Homes Limited had an organisational structure which ensured front line managers were supported in their role by senior management and there were clear lines of accountability. They also told us they could draw on the skill and expertise of other key people within the organisation including the operations manager who visited the home on a regular basis.

The registered manager told us as part of the quality assurance monitoring process they held regular meetings with people who lived at the home and their relatives. They also told us they intended to send out annual survey questionnaires. They confirmed the information provided would then be collated and an action plan formulated to address any concerns or issues raised. In addition, an annual staff survey would also be carried out to seek their views and opinions of the service and to establish the level of engagement they have with the organisation.

Adult social care providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.