The Horizon (New) Limited

# The Horizon New Ltd The Park Centre

## 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

The Horizon New Ltd provides care to people in a supported living service and an outreach service supporting people in their own homes with general welfare and social support. The service is registered to provide personal care. At the time of the inspection, the service was supporting 17 people, only one person was receiving the regulated activity of personal care.

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
This was a new service and was still in its infancy. The management team were very much involved in the delivery of care and supporting people. They had advocated for a person where shared housing was not suitable and not meeting their needs. The provider worked with the local authority to set up a new housing arrangement enabling the person to live on their own with a 24-hour care package in place.

Staff knew how to keep people safe and free from avoidable harm. Risk assessments were in place. Staff knew what to report to the office to ensure people were safe. Policies and procedures were in place to guide staff on keeping people safe and how to report allegations of abuse.

Staff felt supported in their roles. Regular team meetings were taking place providing staff with updates and a forum to share their views of the service. Staff had completed an induction and training relevant to their role. Further face to face training was being explored to support people that may be distressed or angry in addition to the online training they had completed.

The provider was planning to send out an annual survey to people, relatives, staff and health and social care professionals. Informal telephone contact had been made by the new manager to people using the service. Moving forward they recognised these needed to be formalised and recorded including routine spot checks of staff.

Recruitment of staff was ongoing to meet the needs of existing people receiving a service and for future new clients. Retention of staff during the pandemic had been difficult and regular and familiar agency were used to support people living in the supported housing and outreach service.

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. Care was planned with the person and tailored to their individual needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People were consulted about how they wanted to be supported and care was planned with the person. Staff supported people with their goals and aspirations to live the life they aspired to enabling people to live in their own homes or shared housing.

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

Rating at last inspection
This service was registered with us on 16/09/2020 and this is the first inspection.

Why we inspected
This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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?**

Good

The service was safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Good

The service was not always well-led.

Details are in our well-Led findings below.

# The Horizon New Ltd The Park Centre

**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 was completed by one inspector.

Service and service type
This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of submitting an application to register with the Care Quality Commission. Once they are registered it will mean 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 manager would be in the office to support the inspection.

Inspection activity started on 10 November and ended on 15 November 2021 We visited the office location on 12 November 2021.

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 a relative of a person who used the service about their experience of the care provided, this was because the person using the service was unable to tell us about their experience.

We spoke with 3 members of care staff including the manager, the service development manager and a director. We sought feedback from two health and social care professionals about their experience of working with The Horizon New Ltd. We received a response from one of these.

We reviewed a range of records. This included one person's care records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records.

Good

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people. This included policies and procedures explaining to staff their role and who they needed to report any concerns to.
- A member of staff said, "I would report to the office any concerns, but I can also go directly to the local safeguarding team or CQC". They were confident the manager and the management team would take appropriate action to keep people safe.
- Staff received training on safeguarding. The provider was organising further safeguarding training for the new manager with the local authority. The service development manager was also planning to complete a train the trainer course in safeguarding so they could provide more practical training that was tailored to the service.
- People had access to easy read documentation on how they could report concerns about their care or staff conduct. The client guide included what a member of staff could do and what they could not do, for example, being a signatory on bank accounts.

Assessing risk, safety monitoring and management

- People were kept safe. Systems were in place to ensure information was gathered before people started to use the service. The manager met with people (visiting restrictions permitting) and liaised with the funding authority to ensure they could meet the person's individual needs. This was an opportunity to discuss any risks and any support needed.
- Environmental risk assessments were completed to ensure people's homes were safe. These were kept under review. Staff completed training in health and safety, including first aid and moving and handling. At the time of the inspection, no one needed help with moving and handling.
- A relative told us they felt the service was safe.

Staffing and recruitment

- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- Recruitment was ongoing as the provider was expanding the business. People would only start using the service once suitable staff were appointed.
- People were cared for by suitable numbers of staff. People were supported by a small consistent team of staff. Regular and familiar agency staff were used to support people, whilst they were in the process of recruiting permanent staff. The management team were actively involved in the care of support of people receiving a service.

● Staff confirmed there were enough staff to support the person who was currently receiving the regulated activity of personal care. A member of staff told us, "I am excited because we are a new team and we are looking forward to a further three staff joining the team".
● There was a lone working policy and 24 hour 'on call' system, where staff could receive management support.

Using medicines safely
● Systems were in place to ensure medicines were managed safely should people require support with their medicines. This included policies and procedures, staff training and competency checks.
● People's medication records could be accessed remotely by the office staff to enable them to be monitored in real time as these were electronic. Stock checks were completed to ensure people received their medicines and to check for any errors.
● Risk assessments were in place giving clear guidance to staff when a person may refuse their medication, which included seeking advice from the appropriate health professionals.

Preventing and controlling infection
● We were assured the provider was using personal protective equipment (PPE) effectively and safely. Staff confirmed they had access to enough PPE and had received infection control training.
● We were assured the provider was accessing routine testing for staff in line with government guidance and for the people they supported when showing symptoms.

Learning lessons when things go wrong
● The provider had systems to investigate incidents and accidents and then learn from them. Any changes required to care planning documents were implemented and communicated with staff, the person and their family.
● For example, one person had fallen down some stairs and whilst this did not result in an injury, the person was moved to a ground floor room, which enabled them to be safe and minimising any further risks.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before receiving a service. This included seeking the views of the person on how they wanted to be supported, their family and other health and social care professionals.
- It was evident from talking with staff that people were given control on how they wanted to be supported in line with the Registering the Right support, right care, right culture. The staff had advocated on behalf of a person for them to live in their own property rather than in a shared supported living service.

Staff support: induction, training, skills and experience

- A relative told us, they felt the staff had the right skills and attributes to support their relative.
- Staff confirmed they received a comprehensive induction before they started supporting people. This was in line with the certificate of care. Staff shadowed more experienced staff before working on their own with people.
- Training updates were planned annually but as yet no staff had worked more than 12 months. Staff would also have an annual appraisal completed by their line manager.
- Staff had completed online training on supporting people with a learning disability. The development manager told us they were organising positive behaviour training for staff, this had been delayed due to the ongoing recruitment of staff.
- Staff had received supervision from the new manager since they started working for the agency. Moving forward they were planning to complete regular six weekly supervisions and spot checks with all staff. Spot checks are where staff are observed in their day to day role when supporting and enabling people.

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

- There were systems in place to ensure people had enough to eat and drink if this was part of their plan of care. Food and fluid charts were in place where concerns about an individual's intake had been raised.
- Care plan documentation included a section on what support people needed, what they liked and disliked and what they could do for themselves.
- Staff had received training as part of their induction relating to food safety to ensure their practice was safe.

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

- From talking with the manager and staff it was evident they worked with relevant health and social care professionals. This included attending regular care reviews for people and making referrals as needed where people's needs had changed.

● A social care professional told us, "Staff have always advocated for X (name of person) to get additional support from various professionals where needed". They also told us that advice given to them from the community learning disability team and GP and had been acted upon.
● People had a hospital passport, which provided nurses and doctors with information to enable the person to receive consistent care and enable them to get to know the person. This included important information to keep them safe and who they needed to contact if they needed additional information.
● Care records included a section on what support people needed to keep in good health such as support with medical appointments, eye and oral health.
● The manager told us they had worked closely with the community learning disability team and the GP so that adjustments could be made for one person to attend the practice flexibly rather than a timed appointment.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The management team and staff were knowledgeable about the Mental Capacity Act. Staff had received training in this area to ensure they were working within the principles of the Act.
● Policies and procedures were in place covering the legislation and providing staff with additional guidance.
● The local authority had made an application to the court of protection as a person was unable to make the decision in respect of living in their own property. Advocates and family were involved in the process.
● Care documentation included information about the person's mental capacity to be involved in decisions. Where these were done in a person's best interest records were maintained showing the involvement of health and social care professionals.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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
- A social care professional told us, "Staff seem genuinely fond of X and feel passionately about getting the right support".
- Staff spoke about the people they supported in a caring and respectful way. When they described situations and incidents that had happened, they showed a good understanding of supporting the person in a positive way. They also understood the need for people to have privacy and alone time when they wanted.

- People generally received consistent support by the same staff, so they got to know them well and developed good relationships with them. For one person this was very important they received care from regular and familiar staff.
- A relative told us the staff were lovely and supportive of their relative.

Supporting people to express their views and be involved in making decisions about their care
- From speaking with staff, the manager and management team it was clear people were asked about how they wanted to be supported.
- One person had clearly indicated they were not happy living with others and the provider along with the local placing authority had sought alternative accommodation to enable them to live on their own.

Respecting and promoting people's privacy, dignity and independence
- People's care plans included what they could do for themselves and where they needed support. Staff confirmed they always asked the person how they wanted to be supported and respected when a person refused their help.
- There was a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction, on-going training and contained in the staff handbook.

Good

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 and supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and where relevant their relatives were involved in the planning of the support that was needed and any reviews about their care.
- Care plan documentation we looked at was informative and provided staff with a good understanding of the person's individual needs and preferences. This enabled staff to provide support that was tailored to the person.
- Staff took account of people's interests, pastimes and hobbies. For example, staff showed a good insight to what the person they were supporting liked and how they could involve them in their own care and support.
- People were supported to maintain contact with friends and family.
- Staff had been proactive in recognising when the support was not working and the impact this had on the person and others. They had liaised with the placing authority and other health professionals to review how their care and support was being delivered.

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 provider was in the process of meeting the AIS to ensure key information could be provided to people in alternative formats if necessary. The provider was in the process of developing an easy read complaints procedure and other key policies and procedures. Some work had already been done such as care planning documentation and the client guide was available in easy read.
- Care plans included a section on how the person communicated. Staff told us how they observed the person's body language to help them respond in an appropriate way, which ensured they were involved. They also used laminated pictures to enable the person to be involved in making decisions about how they wanted to spend their time.

Improving care quality in response to complaints or concerns

- People received a client handbook when they started using the service which clearly explained how they could complain to the provider. A relative confirmed they had the contact details of the manager should they want to discuss any concerns.
- There had been two complaints in the last year, both had been investigated and action taken to address

the concerns.

End of life care and support

● At the time of our inspection no one was receiving, or in need of, end of life care.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a manager in post who had submitted an application to be registered with CQC. They started working for the company in August 2021.
- There were systems in place to monitor the quality of the service. The manager told us this would include spot checks of staff performance. It was evident that the manager and senior management team supported people and worked alongside the staff.
- The provider was planning to send out an annual survey to seek the views of people, relatives, staff and stakeholders.
- The service was expanding and in response they were employing a co-ordinator who would be responsible for the outreach service working alongside the manager. This would enable the manager to focus on the regulated activity of providing support to people and the supported living service.
- The manager told us they were implementing an electronic system where staff log on at the start of their visit and when the visit had been completed. This would enable them to monitor staff's performance and ensure people had timely visits.

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

- Staff confirmed that the ethos of the company was discussed as part of their induction and ongoing training. A member of staff said, "I like working for this company. They told us how they were a relatively new team and it was about supporting the person to lead the life they wanted and giving the individual the control.
- The provider told us about the difficulties of starting a new company during a pandemic including the recruitment and retention of staff and that they could not complete such a thorough assessment of people as they would have liked due to visiting restrictions. This meant they had to rely on documentation rather than meeting and getting to know the person.
- Moving forward they had recruited new staff and supported a person to move from the supported living service to their own accommodation. A member of staff said they were excited to be working for the company and the benefits this would have on the person living in their own bungalow with a dedicated support team. The person's relative was equally positive about the care and support enabling their relative to have a better lifestyle.

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 provider was aware of the duty of candour and their legal responsibility to report notifiable incidents to the Care Quality Commission.
● Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were viewable by the management team enabling them to monitor the service provision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and Continuous learning and improving care
● Staff meetings were held regularly enabling the staff to express their views and be updated on any changes about the day-to-day running of the service. Staff spoke positively about the communication within individual teams and with the management of the service.
● Staff had regular communication via email or telephone to keep them up to date with any changes. Staff said the management team were approachable and supportive.
● The manager said they had recently completed telephone calls with everyone using the service. There were no records of these calls. Assurances were given that these would be recorded in the future.
● Where people lived in shared housing, regular meetings were held to gain their views and opinions of the service. The provider information return highlighted that they had listened to people and made improvements such as replacing furniture and domestic appliances. People's views were sought on how they wanted to spend their time.

Working in partnership with others
● The provider, the manager and the staff worked with key stakeholders, which included the local authority and health and social care professionals. This was to facilitate the support and care of people using the service.