

Living Horizon Ltd

# Living Horizon

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Living Horizon provides personal care to people living in their homes in Aylesbury. At the time of our inspection there were 5 people living with a mental health related condition and/or learning disability receiving a regulated activity from the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. We considered this guidance as there was one person using the service who had a learning disability.

We received positive feedback from people supported. Comments included, "Staff are lovely. Always there ready to help" and "I think they're the best supported living place I've been to and I've been to 12 places."

We received positive feedback from professionals who worked with people supported by the service. Comments included, "The service has a positive impact. I have a few [people] with them, that without the support, they would have resulted to massive self-neglects, concordance issue and probably harm to self and others. The service has improved people's quality of life while suffering from enduring mental illness."

We observed positive interactions between people and staff. People were treated with dignity and respect. Staff understood how to safeguard people from abuse and took appropriate action to report any concerns.

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. We found some improvements could be made around record keeping about decisions made in the supported living settings. We have made a recommendation about this.

People were supported to understand the government restrictions and guidance at the height of the COVID-19 pandemic. However, staff did not routinely follow best practice guidance on hand hygiene. We have made a commendation about this.

Some systems were in place to receive an act on feedback from people. The registered manager had identified areas in which they had wanted to improve but had been unable to implement the changes. We

have made a recommendation about this.

People and professionals told us they thought the service was run well. Comments included, "It's excellent [registered manager] is a lovely man" and "The management are approachable, I have raised a concern about my clients and the concern is resolved with the patient positively and satisfactorily."

Staff told us they felt supported by the registered manager. Staff described the manager as "approachable".

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 21 May 2018)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Living Horizon on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Living Horizon

## 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 Health and Social Care Act 2008.

#### Inspection team

The Inspection was carried out by one inspector. An Expert by Experience made telephone calls to people who were supported. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 4 'supported living' settings, 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. The Expert by Experience made telephone calls to people and received feedback from one person. We used all this information to plan our inspection.

#### During the inspection

We visited 2 supported living services and spoke with 3 people. We spoke with 1 senior staff and 4 support staff during the visits to supported living services. We observed the relationships between people and staff. We reviewed a range of records relating to the safety, and management of the service. This included care records and staff recruitment and training records. We sent emails to staff to seek their feedback.

We spoke with the registered manager after the site visits and requested some further evidence.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We observed staff did not routinely follow best practice guidance in regard to hand hygiene. We found 2 of the 5 staff we met were wearing nail varnish. One member of staff had excessively long nails. We spoke with the registered manager about this. Although the members of staff did not routinely support people with personal care, they agreed to address this with immediate effect.

We recommend the provider seeks support from a reputable source on ensuring staff understand the importance of good hand hygiene.

- People were supported to understand what they needed to do to prevent the spread of infections. Staff gave additional guidance to people during the outbreaks of COVID-19.
- The service followed government guidance to safely manage the risks of infection.
- We observed areas were cleaned after use and reminders were sent to staff about how to reduce infection.

### Assessing risk, safety monitoring and management

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 MCA 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 Mental Capacity Act (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.

- People told us they had consented to "house rules", these were to ensure people's rights and safety were protected. We discussed this with the registered manager, as no risk assessment or written explanation of consent from people was recorded. The registered manager promptly agreed to ensure a record was made of decisions made with people's consent.

We recommend the provider seeks guidance from a reputable source on ensuring people's engagement and discussion about decisions is clearly recorded.

- We found the service was working within the principles of the MCA.
- We observed staff supported people to make decisions about their lives, for instance on how best to budget and plan their shopping.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Risk assessments were written and reviewed on a regular basis.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

#### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so. One external professional told us "Staff do report concerns regarding the clients and any safeguarding issue raised or to be raised. Concerns raised are mostly about clients and how we can minimise risk."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

#### Staffing and recruitment

- People were supported by a service who had robust recruitment processes in place. Staff files contained the required checks prior to commencing lone working. All new staff were subject to a Disclosure and Barring Service (DBS) check which provided information including details about convictions and cautions held on the Police National Computer.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- One person was concerned about the level of support from staff over the weekend. We checked staff rosters and discussed this with the registered manager, who confirmed they would look into this.

#### Using medicines safely

- We observed people received their medicines safely and on time. Staff observed good hygiene prior to and after the administration of medicines.
- People were knowledgeable about the medicines they were taking.

#### Learning lessons when things go wrong

- Incident and accidents were recorded and these were communicated to staff who were not on duty at the time of the incident.
- Staff received daily briefings to share information about events and how to prevent a reoccurrence.
- An external professional told us the service worked well with them to manage risk. They told us "The staff do call the care-coordinators for support in case of any escalated risks. They have called on many occasions for support when the needs are clinical."



# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection we recommended the service ensured records were maintained and audited to ensure they are accurate and up to date. At this inspection we found some improvements had been made. However, further work was required to ensure robust auditing systems were in place.

- The registered manager had identified areas for action following audits to improve the development of the service, gaining and acting on feedback from people. However, they had been unable to implement the changes. They were open and transparent about this.

We recommend the provider seeks guidance from a reputable source regarding service monitoring and auditing to drive improvement.

- We received positive feedback from people, staff and professionals about how the service was run. Comments included, "It's excellent. [registered manager] is a lovely man."
- People told us they were involved in their care. Comments included, "I'm involved in my care plan and to some extent with risk assessments."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. One person told us "It's good. The staff are lovely and supportive."
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Staff told us they felt supported by the registered manager and described them "always approachable and fair to staff". Another member of staff told us "It is a good place to work, I enjoy the relationship that I have built up with the residents and I feel valued by my manager."

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

- We found staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. This is what we observed and supported by feedback from external professionals. Comments included, "The service has a positive impact" and "The service has improved people's quality of life while suffering from enduring mental illness."

- People told us they felt supported by the service. One person told us "I think they're the best supported living place I have been to and I have been to 12 places." Another person told us, "I have got a lot better since moving here."
- Staff told us they thought communication was good within the service and helped them to provide person-centred support. Important information was shared with staff in daily briefings, daily handover meetings and weekly management meetings.

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with this requirement.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with any changes in legislation and received regular updates from the Skills for Care registered managers forum.
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. One professional told us "The management are approachable; I have raised a concern about my clients and the concern is resolved with the patient positively and satisfactorily."