

## Support Horizons Community Interest Company

# Support Horizons

## Inspection report

3 The Courtyard  
Denmark Street  
Wokingham  
Berkshire  
RG40 2AZ  
Tel: 0118 989 3959  
Website: [www.support-horizons.co.uk](http://www.support-horizons.co.uk)

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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 

### Overall summary

This inspection took place on 30 November 2015 and was announced to ensure the registered manager was available.

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.

At our last inspection on 3 and 4 September 2014 we identified non-compliance against Regulations 18 (Consent to care and treatment), and 20 (Records) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

From April 2015, the 2010 Regulations were superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was meeting the requirements of the comparable current regulations. Regulation 11 (Consent)

# Summary of findings

and 17 (Good governance). We found that the service had taken action to address the previous concerns although some further improvements to records of staff supervision and appraisals were needed and action was being taken to address this.

Support Horizons is a domiciliary care agency providing care and support to 16 people living in supported living houses, with others receiving support or with family. Some people received 24 hour support, others were supported to access events and activities in the community on a sessional basis. As a 'Social Enterprise' organisation the service involved a proportion of people who had previously used similar services, some of whom sat on the board and its sub-committees. Some ex-service users also took part in staff recruitment.

The service provided flexible support to people with needs relating to learning disability or whose needs were on the autistic spectrum. Some people had additional physical disabilities. The service additionally worked with people who did not require support with personal care, which fell outside of the scope of our inspection.

People were supported with personal care needs whilst accessing a range of events and activities in the

community which they would not be able to attend without support. The service worked effectively to encourage people to develop their skills and confidence and broaden their range of experiences.

Staff were subject to an appropriate recruitment process to ensure their suitability. They were provided with effective induction, training and ongoing support.

The service deployed staff effectively and matched them wherever possible to the needs and interests of the people they were supporting.

People and relatives were happy that the service was very caring and met people's needs effectively. They felt people's rights and freedom were upheld and enhanced.

The service was effectively managed and monitored by the registered manager, senior management and the board of trustees. The organisation's leadership provided clear expectations of staff in terms of service delivery and quality.

The service sought and acted upon the views of people, their relatives and the staff in seeking to continuously improve. People and relatives felt they were listened to.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe when being supported by the staff. No safeguarding concerns had arisen about the service.

Staff understood their responsibilities and how to keep people safe. They were confident the organisation would respond appropriately to any concerns raised.

The service had a robust recruitment system to ensure staff were suitable to care for vulnerable people, although this had not always been fully evidenced. Action was taken immediately to address this.

Good



### Is the service effective?

The service was effective.

People and their relatives were happy the service provided people with effective support.

Previous concerns about a lack of evidence of consent having been obtained, had been addressed. People's rights and freedom were upheld.

Improvements had been made regarding the induction, training and support provided to staff.

Good



### Is the service caring?

The service was caring.

People and relatives felt the staff were very caring and treated people with dignity and respect.

People and relatives felt the service consulted them and involved them in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People and relatives praised the way the service responded flexibly to people's changing needs.

People were involved and consulted about their care needs. Care plans were individualised and were reviewed and updated when necessary.

People and relatives felt the service listened to them and would act on any issues they raised.

Good



### Is the service well-led?

The service was well led.

People, relatives and staff felt the service was well led.

The provider sought the views of people, relatives and staff about its practice and sought to continually improve the service.

The registered manager, provider and trustees monitored the operation of the service and provided clear expectations to staff.

Good



# Support Horizons

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 30 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care/supported living service and we wished to ensure the registered manager was present. The inspection was completed by one inspector.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

We contacted representatives of the local authority commissioners and external health professionals and received feedback from one local authority representative about the service. During the inspection we spoke with the registered manager, the recently appointed chief executive officer (CEO) and the operations manager about the service. Following the inspection we spoke with two people using the service, three relatives and four staff.

We reviewed the care plans and associated records for four people, including related risk assessments and reviews. We examined a sample of other records to do with the operation of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the four most recently appointed staff.

# Is the service safe?

## Our findings

People and their relatives said people were safe when being supported by staff from the service. People's comments included: "I'm always safe" and: "Yes I feel safe". A relative told us: "[name] is safe or I wouldn't let him go". A relative also said that staff checked the servicing of hoist equipment they use to make sure people were kept safe from injury and staff confirmed this.

No safeguarding issues had been reported to the local authority safeguarding team since the last inspection. Staff had been made aware of the service's whistle-blowing policy as part of the interview process and had received training in this and safeguarding vulnerable adults. Staff showed they knew how to report any concerns and understood their 'duty of care' to do so. They knew how to record and report anything which caused them concern. One concern reported by staff had been appropriately followed up by management. A clear management and reporting hierarchy was in place so staff had ready access to managers to discuss any concerns.

Staff were confident management would respond appropriately to any concerns. A staff member said: "When I raised a concern it was dealt with immediately". Staff received training related to safeguarding people from harm, including safeguarding, moving and handling and medicines management. Three of the four staff we spoke with said their competency around moving and handling and other tasks had been assessed. Competency assessments included manual handling and specialist health-related tasks but medicines management was not specifically referred to on the list of checks to ensure staff were competent in this area. Where people required support with their medicines this was provided by staff who had been trained. No medicines errors were recorded in the previous twelve months. Information about people's needs around medicines was present in their files, including administration guidelines where necessary.

Health and safety risks to staff and the people supported were assessed through an appropriate risk assessment when planning the care package. Copies of these were on people's files and contained good detail about how to address any identified risks. Where support was provided within the community or at other specialist services these situations had been risk assessed appropriately. Some risk assessment information provided/funded by the local authority required updating and the registered manager had pursued this with the local authority.

In order to ensure that people were supported by staff with the necessary skills and approach, the service had a robust recruitment process. However recent recruitment files did not contain the required evidence of the process. For example some references were not on file and gaps were evident in one person's recorded employment history although the operations manager told us these had been discussed at the time of interview. This was addressed immediately after the inspection. The operations manager contacted original referees to resubmit the references which could not be located and a written explanation of their employment gaps was given by the employee. The application form was amended to be more explicit about requirements around employment history. The operations manager said one member of the office team would check and oversee the recruitment process in future to ensure it was complied with.

As a 'social enterprise' organisation the provider is required to involve people who have at some point been service recipients, in staff recruitment. They did so for example by involving ex-service users in the interview process for the recently appointed new chief executive officer and other staff. To facilitate this, easy-read question formats were available when necessary.

# Is the service effective?

## Our findings

At our inspection of 3 and 4 September 2014 the provider was not meeting the requirements of the then Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people did not have the capacity to consent, the provider had not always acted in accordance with legal requirements. The provider sent us an action plan in October 2014 describing the actions they were going to take to meet the requirements.

At this inspection on 30 November 2015 we found the provider was now meeting the requirements of the current regulation.

The provider had ensured that a record of consent was on file for people with capacity to do so. Where people did not have capacity to consent to their care reference was made to best interests discussions. Staff sought people's consent before offering support, either verbally or through their known body language or expressions. Staff gave examples of how people could clearly indicate whether they consented or not.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Where a person lacking capacity has their liberty restricted a service must apply to the Court of Protection via the local authority for a 'Deprivation of Liberty' (DoL) order. DoL orders are provided under the MCA to safeguard people from unlawful deprivations of their liberty. One person had a DoL order in place, linked to their support plan. Other people supported by the service had varying degrees of capacity for day to day decision-making. Two people had family with deputyship responsibility for decision making. 'Help The Aged' managed one person's finances and the local authority was obtaining authority to manage the finances on behalf of another.

The service acted in an advocacy capacity for people where their needs had changed, necessitating an increase in their

support. In one case staff were recording the level of incidents as part of identifying the person's increasing needs. The service was working flexibly within its current funding to meet the person's needs as well as possible.

Relatives and people told us they were happy that the service was effective and met people's needs. One person described the staff as: "Perfect". A relative told us: "They try to match the carer with the person" and felt they were very good at this even when regular staff had to be changed at short notice. People and relatives told us that staff sought consent for care both in advance, with regard to the care plan and on an ongoing basis.

A new 12 week induction had been introduced during which staff were expected to start working on all of the new induction units as part of the Care Certificate, by 31 January 2016. Existing staff had also been asked to complete the same process so everyone was at least at the same level. An induction form was used to record and sign off staff as they completed induction elements. Core training was also provided during people's induction period and they shadowed more experienced staff until adjudged competent to work without direct supervision.

Training was provided through a mix of classroom courses, workbooks and computer-based learning. Some local authority training courses were accessed, for example safeguarding level 2 for field supervisory staff. Some training was also provided in-house. An occupational therapist had recently been engaged to provide specific moving and handling training to staff working in two supported living houses. The provider had arranged to access the moving and handling training suite at a local college to provide staff with new moving and handling training from January 2016.

Not all core training was fully up to date but management had identified this and put plans in place to address this and ensure regular updates. Some courses were already booked. The provider was also working on a plan for external competency validation of staff in key areas. The new care planning software being used included set frequencies for training updates which had been defined clearly. Staff confirmed what we had been told about supervision and training and generally felt well supported.

Staff were provided with supervision support based on a graduated frequency, depending on the number of care hours they provided, between monthly and quarterly.

## Is the service effective?

Appraisals were not provided as a distinct process aside from the performance and progress reviews in people's first three months of employment. Instead discussions about progress and future training etc. took place within supervision meetings. The service was about to introduce new stand-alone supervision and appraisal formats to better distinguish these processes as part of plans to further develop employee support. The provider's stated aim was for 70% of staff to have a new appraisal by the end of March 2016.

Staff told us they could also seek support through contact with management via the out of hours on-call system. They also described a supportive team spirit within their teams and said they could ask for additional supervision time if they needed it. One staff member felt that a previous supervisor had not had the skills to support them but said this had been addressed. Additional field supervisor posts had been created to improve day-to-day supervision and management support.

The service did not have any instances of missed calls. The majority of support was provided over extended periods,

rather than through short visits. People had an established team of staff who usually covered support times when a colleague was unable to do so. This helped ensure continuity of care by staff who knew the person's needs.

Some people's support included monitoring and encouraging appropriate food or fluids intake and in these situations records were kept of people's intake. Appropriate advice had been sought from a dietitian and individual guidelines were on people's files including about any required preparation of food to reduce the risk of choking. Training had been obtained and staff competency assessed, where support involved specialist feeding techniques, individual guidelines were also on file.

Where elements of healthcare were part of the support provided, individual guidelines were present to inform staff, for example around epilepsy management or exercises. Where people sometimes required support to manage their behaviours, risk assessments and guidelines were in place to enable a consistent approach.



# Is the service caring?

## Our findings

Feedback about the care and support provided by the service was positive. People commented that the staff treated them well and another person said the care was: “very good indeed”. People felt the staff treated them appropriately and respectfully.

Relatives told us they were: “very pleased” with the service. One relative said they used to use another service: “But now I prefer Support Horizons”.

People felt involved in their care and encouraged to do things themselves. People and relatives said the staff looked after people’s dignity and privacy. People were encouraged and supported to make day-to-day decisions and choices. Where people did not communicate verbally staff knew them well and understood their body language and how they communicated whether they were happy or not about a suggestion. For example one person used eye pointing to make choices.

People were sometimes actively encouraged to begin an activity or leave the house in their best interests, as they then enjoyed themselves once they had done so. This was documented in care plans to indicate that it was an agreed strategy. We saw examples of how people had made significant progress with the support of the service. For example in terms of travelling independently, attending work experience or mobilising independently in their wheelchair.

Relatives made reference to the approach and manner of staff and how they involved people in their care and support. One relative said: “I have seen staff working as a

team with [name]”. Another relative said: “They are absolutely brilliant with [name]”. One person kept an online blog of the various activities they attended with the support of staff and family. The blog made references to the regular support worker and indicated a positive relationship between them.

People and/or their representatives were involved in the care planning process as much as possible to identify the specific support they wanted. Where decisions had been made involving the views of others, the discussion and reasoning was documented in people’s files.

Staff were happy that they had the opportunity to get to know a person’s needs via their care plan before supporting them. They confirmed that staff were matched as much as possible with the people they supported, around personality and interests. One staff member described the organisation as: “very person-centred”.

People were encouraged to do as much for themselves as possible, to ensure that their skills were not undermined. Care plans referred to allowing sufficient time for people to do things for themselves. References were also made to offering choice, prompting and encouragement.

The service respected and worked with people’s diversity and their varied needs. We saw actions within care plans respecting people’s religious and personal beliefs and their related wishes. The whole ethos of the service was of working to enable people with disabilities to take as full a part in decision making as possible and to enjoy fulfilled lives. People’s preferred activities were identified and supported within the community and they were given opportunities to broaden their life experiences.



# Is the service responsive?

## Our findings

People and relatives praised the responsiveness and flexibility of the service to their changing needs. One person told us: “They tell me if a carer is sick” and said they usually substituted another known staff member in such a situation. People and relatives said they were asked about their wishes and their views were listened to. People or their representatives were actively involved in planning their care and deciding what support they wished to have.

People’s files contained copies of assessments and care plans. Care plans had been reviewed and updated as changes in people’s needs had been identified. Reviews were carried out as part of the provider’s quality assurance processes. They involved the person, their representatives and one of the team providing their support. Reviews alongside the funding local authority had not always proved possible to organise but the service was seeking to improve this. The management felt they worked positively with the local authority and also liaised with external healthcare services where necessary, such as occupational therapy and the district nursing service.

Care plans contained details about people’s individual wishes, likes and preferences about how they were supported and their daily routines. They also described how people’s physical or mental health affected their needs, where necessary. They included good detail about how to support the individual to meet their needs. The care plans referred to supporting people to make day to day decisions for themselves.

Where people needed support around moving and handling to meet their needs, sufficient information was provided about how to achieve this. For example one person’s guidelines reminded staff to be aware of their involuntary muscular movements. Detailed guidance was provided around people’s medical conditions such as epilepsy.

People were supported with their personal care needs while accessing a wide range of activities and events in the community according to their preferences. The matching of staff with similar interests where possible meant that staff could more easily provide enthusiastic support. People told us about attending a range of activities including swimming, art and craft sessions and gardening.

The registered manager told us people were given a copy of the complaints procedure in the service user guide given to them at the start of their support package. An easy-read version was also provided.

People and relatives were aware they could make a complaint to the service if they were unhappy about anything and some people had contacted the registered manager to raise issues. People and relatives felt that their concerns had or would be addressed satisfactorily. One person said they had: “No complaints whatsoever”. One relative said: “You only have to call and it’s sorted”. Another said they hadn’t needed to complain but was sure the management would deal with it if they did. The service had received no complaints and five compliments in the previous 12 months.

# Is the service well-led?

## Our findings

At our inspection of 3 and 4 September 2014 the provider was not meeting the requirements of the then Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had not ensured people were protected from the risk of receiving inappropriate care due to inconsistencies in care records and gaps in staff records around training and supervision.

At this inspection on 30 November 2015 the provider was meeting the requirements of the current regulation although records of supervisions and appraisals still required further clarity. The service was introducing new supervision and appraisal records which would address this issue.

Care records were clear, detailed and up to date. They reflected people's needs, wishes and views. Care plans and risk assessments provided staff with clear information about how to provide appropriate individualised support. There was evidence of consent and of the process used to make best interests decisions on people's behalf where they lacked capacity.

The service demonstrated the involvement of vulnerable people in its operation. As a social enterprise organisation they included up to 50% of people deemed to be vulnerable or current service users on their board of directors and its sub-committees. New directors were being recruited to the quality checking group to oversee the quality assurance processes operated by the registered manager. The new CEO was also considering the possible involvement of some of the people currently supported in this forum.

People told us the service was well run and felt the registered manager was always contactable if anything needed to be discussed. People felt that the registered manager listened to what they had to say and took action about it. One external care manager told us the service had been through a period where things had seemed badly organised. They were happy people's care had not been compromised and said the provider had recognised the issues themselves and taken steps to address it.

The new CEO had clear expectations in terms of the performance of staff and the quality of their care practice and staff confirmed he communicated this clearly to management and staff. A set of core behaviours for staff had been written and all staff were expected to complete the care certificate. The CEO and registered manager were accessible to staff who could contact them to discuss any concerns. This was confirmed by staff. One staff member said the management: "Dealt with any issues brought to them". Another staff member told us the management: "Set clear goals for the organisation". Two staff said that a newsletter previously used to help keep them in touch with developments had been discontinued but felt it had been a useful communication tool.

Staff were aware of a 'focus group' set up to discuss future developments, in which some staff were involved. A trainee and apprentice scheme had been launched to attract new staff. A business plan was in place for 2015-16 which the new CEO had amended to reflect recent developments. A set of 'short-term company objectives' had also been produced to make clear the immediate priorities of the service. The CEO had also presented his own audit of the service to the board of directors in November 2015.

Feedback from staff was positive about the registered manager. One staff member described her as: "positive" and staff felt there was a good support network. They described team meetings, mostly of the sub-teams of staff who supported particular individuals or groups within a supported living house. The minutes showed they provided opportunities to discuss practice as well as any concerns about individuals. Team meetings of the entire team were said to be occasional rather than regular.

The senior management team also met together, most recently in October 2015. The minutes identified action points and these were assigned to individuals or groups for action. The organisation's board of trustees also met regularly.

No incidents had occurred which required notification by the service. Notifications are reports of events that the provider is required by law to inform us about.

The registered manager and new field supervisors carried out some spot check visits to monitor care practice. Staff had other formal and informal support opportunities through their contact with the office and their supervision meetings. Spot checks were more difficult to achieve where

## Is the service well-led?

people's support was entirely provided out in the community but we saw that they had taken place. Quarterly monitoring visits were carried out to each supporting living house. Directors also visited and we saw examples of their reports.

People told us the service had sought their opinions about the care and support provided. Customer satisfaction surveys had been completed to get feedback from people and their relatives, most recently in September 2015. The recent surveys had included the views of people whose support fell outside the regulatory remit of the Care Quality Commission so it was not possible to identify the views only of those receiving a regulated service. The CEO had identified this and planned to look at future separation of the survey feedback.

Changes had already been made arising from the survey feedback. These included the provision of a wheelchair ramp at the office to facilitate access and active recruitment of male care workers and those able to work more unsocial hours. Improvements to communication had been made such as the introduction of a computer system to manage care calls. Additional administrative staff had been recruited to manage the coordination within the office and develop the marketing side of the service.

The provider had also carried out a staff survey to identify any issues of concern to the care staff and had taken action in response to the issues raised. Additional training had been scheduled and improvements made to the induction process. Improvements had also been made to communication with staff as evidenced by the letter of introduction sent to staff by the new CEO.