

My Horizon Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

My Horizons Care Ltd is a domiciliary care service registered to provide personal care to adults and children. At the time of our inspection, the service was not providing any care. As a result we were unable to provide a rating for this service.

People's experience of using this service and what we found

We could not gather the experience of people using the service or their relatives because direct care to people was not being provided.

At this inspection, we found some improvements had been made since our last inspection in relation to staff's training and safe recruitment however, we continued to find gaps and inconsistencies in the planning and recording of risks to people's care, medicines and the governance systems at the service.

Planning and recording of medicines was not always consistent or in line with the provider's own medication policies and procedures.

The provider was aware of their responsibilities to safeguard adults and children. There were policies and procedures in place. Staff had received training in this area and knew how to apply it.

Care was planned in a way where people were supported to have maximum choice and control of their lives and for staff to support people in the least restrictive way and in their best interests. The policies and systems in place supported this practice.

We continued to find some inconsistencies in the accuracy and completeness of care records. Care plans did not always detail the areas where staff would support people and how this support would be provided.

There were quality assurance policies and procedures in place but these continued to be ineffective in identifying and addressing the issues found at this inspection.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (report published 6 April 2021) and there were multiple breaches of regulations.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service on 10 February, 1 March and 4 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in providing safe care and treatment, ensure staffing is appropriately trained, safe recruitment procedures were followed and good governance systems were in place.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Horizon Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continued breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

We were unable to rate this domain.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

We were unable to rate this domain.

Details are in our effective findings below.

Inspected but not rated

Is the service responsive?

We were unable to rate this domain.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

We were unable to rate this domain.

Details are in our well-led findings below.

Inspected but not rated

My Horizon Care Ltd

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

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The registered provider for this service is a limited company and the sole director is also the registered manager. This means that they 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 registered manager would be in the office to support the inspection.

Inspection activity started on 1 November 2021 and ended on 11 November 2021. We visited the office location on 2 November 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the action plan and other information the provider had submitted since our last inspection. We

used this information to plan our inspection.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and with two staff members.

We reviewed a range of records. We reviewed the care plans of two people; these documents had been prepared by the provider to evidence how they would organise and plan the care for people if they were providing a regulated activity. We also reviewed medication records prepared by the provider. We looked at two staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at evidence of safe recruitment and additional information sent by the provider in relation to people's records of care.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection we found risks to people's care were not always assessed and medicines were not managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvement had been made but not enough to show the provider knew how to apply the regulations and they continued in breach of this regulation.

- The mock care records we reviewed did not always contain comprehensive risk assessments.
- Risks to people's care were being identified during initial assessment, however there were gaps and inconsistencies in the assessment and management of those risks. For example, the initial assessment for one person indicated there were issues with their skin integrity but there wasn't a risk assessment and care plan to address this specific area of care. We spoke with the registered manager about this during our visit and they provided us with this documentation the day after our inspection.
- Another person's initial assessment indicated several areas of need and risk such as weight loss, risk of choking, diabetes and skin integrity. There were no specific risk assessments and care plans in relation to these areas. We spoke with the registered manager about this and after our inspection they sent us a blank drinking and swallowing care plan; this documentation did not address the areas of concern highlighted.
- The provider had made improvement in the recording and planning of risks related with people's behaviours, but further details were still required to ensure the triggers for the behaviours were described and its circumstances understood to enable appropriate management of behaviours.
- Planning and recording of medicines were not always consistent and in line with the provider's own medication policies and procedures. Two people required prescribed creams to be applied 'as and when' required but there were no protocols in place to guide staff in how to provide this support. After the issue was raised, the registered manager sent us the protocols they would use.
- Both service users' care plans indicated they required support with medication and prescribed creams but they did not have a medication assessment as indicated in the provider's own policy and in line with best practice guidance.
- We reviewed the forms the provider told us they would use to record accidents and incidents but the registered manager did not show a good understanding of how they would use this information to look for trends and patterns and improve the provision of service.

The systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we found staff were not always recruited safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- The provider had a recruitment policy in place to ensure staff were recruited safely.
- We saw evidence of criminal checks completed for staff.

Systems and processes to safeguard people from the risk of abuse

- The provider was aware of their responsibilities in relation to safeguarding and there were policies and procedures in place.
- Staff had been being trained in this area for both adults and children safeguarding procedures and knew how to identify signs of abuse and report any concerns.

Preventing and controlling infection

- The provider had infection control policies and procedure in place to reduce the spread of infections.
- Staff told us they knew how to use personal protective equipment, such as plastic gloves and aprons, in line with guidance and these were available.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

Staff support: induction, training, skills and experience;

At our last inspection we found staff had not received practical training or competency assessment in moving and handling. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

- Staff had completed mandatory training and this had been completed by an external provider via face to face training.
- The provider made available the documents they would use to assess staff's competency in safely administering medication and supporting people with their mobility.
- The registered manager told us staff would be supported through an initial induction, supervisions and regular spot checks. □

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

- The registered manager told us they would assess potential new people to the service and their care needs.
- We reviewed two care plans prepared by the provider and we saw the initial assessment covered several areas of people's needs and preferences, such as personal care, medication, nutrition and communication. This ensured relevant information was being gathered to plan people's care and ensure staff were aware of people's needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's initial assessments include information about nutritional and hydration needs and preferences.
- The registered manager told us how they would work with specific healthcare professionals to ensure people's changing needs were met appropriately, such as physiotherapists, speech and language therapists and nutritionists.

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.

- Staff had received training in MCA and told us how they asked people consent before performing care and support and how they would involve the family and the registered manager if they felt the person lacked capacity to make decisions.
- People's care plans documented that staff needed to get people's consent during delivery of care.
- The registered manager's knowledge of the principles of the MCA was good, but less consistent in how to apply it. For example, how to conduct a mental capacity assessment or what to do when relatives had power of attorney for health and care decisions. The policies and procedures in place were detailed and provided appropriate guidance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The structure of the care plans did not always ensure all care needs identified during initial assessment were being planned for as reported on in the safe domain of this report.
- The initial assessment covered several relevant areas that were presented separately such as continence, personal care and nutrition. But the actual planned delivery of care was a description of the care tasks instead of separate and detailed care plans for each area of need identified.
- For example, on one of the care plans prepared by the provider, the person had specific communication needs and staff had to support them in a particular way, however, there wasn't a communication care plan in place. This document was provided the day after the issue was raised.
- A second care plan prepared by the provider identified a person was at high risk of developing pressure sores but there was no indication of how staff should monitor this risk and what actions they should take. This information should be in a care plan. This document was provided the day after the issue was raised.

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 registered manager told us information about the service delivered was available for people in large print and pictorial prompts to help make information more assessable.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints about the service.
- There was a complaints policy and procedure in place for the registered manager and staff to follow if a complaint or concern was raised with them.
- Staff told us they would record any concerns raised and report this to the office.

End of life care and support

- The registered manager told us they would work closely with relevant professionals such as palliative nurses if they were supporting a person requiring end of life care.
- Care plans had an area assigned for recording people's advanced wishes.

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 the last inspection this key question was rated as inadequate. At this inspection this key question was not rated because the provider was not carrying out a regulated activity and there was insufficient evidence to provide a rating.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found several issues in relation to the accuracy of care records, lack of effective quality assurance systems and appropriate oversight by the provider. This was a breach of Regulation 17 (Good governance) Regulations 2014.

At this inspection we found some improvement had been made but not enough to show the provider knew how to apply the regulations and they continued in breach of this regulation.

- At this inspection, we continued to find examples of records related to people's care or medication not being complete and accurate, such as risk assessments and medication assessments.
- The quality assurance procedure in place had not been effective in identifying the issues found at this inspection and in driving the necessary improvements. We reviewed the service's quality assurance policy, the office manager's checklist, compliance action plan and blank audit tools. These instruments had not been efficiently used by the provider to identify the issues found with risk assessments, medication records and care plans.
- We found issues with the record keeping of the employment history of one staff member. There was discrepancy in their employment history records from what was present at the last inspection and at this inspection. We discussed it with the registered manager and they said it related to a different employee but this was not evidenced our records and notes. Hence, we could not be satisfied of the staff member's background.
- Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care was not always recorded.
- The registered manager's knowledge in relation to the regulatory requirements had improved, but this was not applied consistently when planning people's care and managing the service.

The governance systems in place were not robust enough to demonstrate the registered manager had the appropriate oversight to safely manage the service . This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 had the rating of their last inspection displayed in the office, as required.
- The registered manager told us how they would encourage people using the service and their relatives in giving feedback about the service. We saw examples of surveys previously used by the provider to gather this information.
- Staff told us they felt comfortable in given feedback to the registered manager about any issues or ideas for improvements. They told us the registered manager was approachable and fair.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.

Working in partnership with others

- The registered manager and staff told us how they would work with external health and social care professionals to support people they would provide care for, to ensure they received joined-up care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>During this inspection, we continued to find gaps and inconsistencies in the planning and recording of risks to people's care and medicines management.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found continued issues with the accuracy of care records and the quality assurance processes in place had not always been effective.</p>